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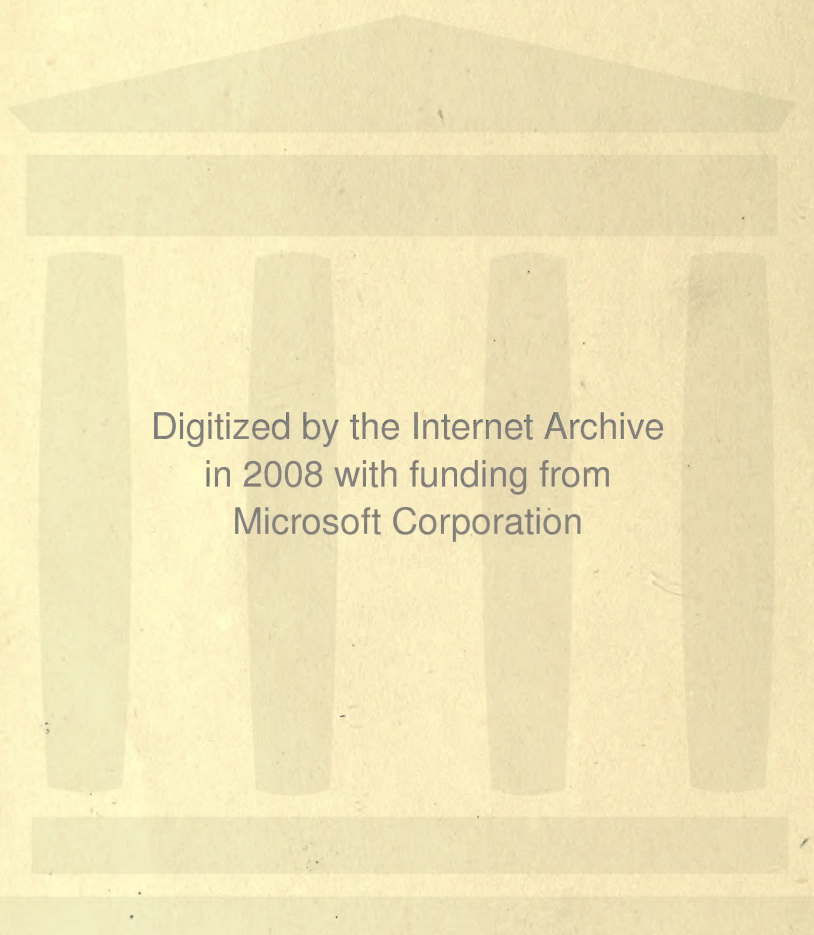
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VOL. I

APRIL 1919—JANUARY 1920



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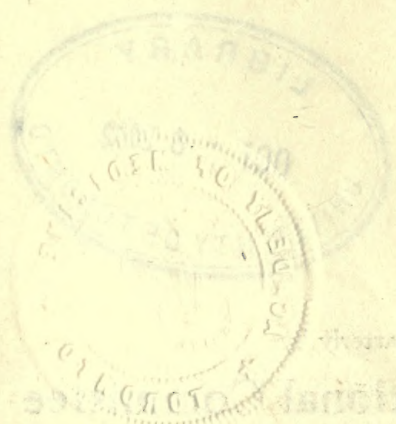
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CANADIAN JOURNAL
OF
MENTAL HYGIENE

VOL. 1.

APRIL, 1919.

No. 1.

FOREWORD.

A FEW years ago, the term "Mental Hygiene" was almost unknown; to-day it denotes a wide field of practical effort in dealing with some of humanity's most difficult tasks. The significance of the term is, in large part, due to the founding, in 1909, in the city of New York, of the (United States) National Committee for Mental Hygiene. The purpose of this Committee as stated in their Journal, "Mental Hygiene," was "to work for the conservation of mental health; to promote the study of mental disorders and mental defects in all their forms and relations; to obtain and disseminate reliable data concerning them; to help raise the standards of care and treatment; to help co-ordinate existing agencies, federal, state and local, and to organize in every state an affiliated society for Mental Hygiene."

We, in Canada, for many years have been confronted with problems similar to those in the United States, which led to the founding of the United States Committee, but it is only very recently that we have become aware of the importance of mental factors that must be considered in the solution of these problems. For years, we have been puzzled as to how to deal effectively with our criminals, our juvenile delinquents, our prostitutes and our moral degenerates. To-day, it is becoming generally recognized that mental factors play a great part in this problem and that human behaviour can be neither successfully studied nor effectively directed without taking into account the facts of mental life.

The judge, the school teacher, the employer, the social reformer and the parent have long been asking why certain individuals cannot adjust themselves to the laws of society. To-day, as a result of psychiatric clinics and trained social workers, considerable information has been amassed regarding this problem. True, much of the work done is tentative and most of it has been carried on

with poor equipment and slender means, but it implies that, at last, we are trying to find out in a scientific way the cause of our failures in life by the right method, namely, by the examination of mental ability.

For years, the cry of our country has been for increase of population, with the emphasis upon quantity rather than quality. To-day, we are rudely awakened to the fact that immigrants from every country in Europe have been coming to Canada and admitted without adequate physical or mental examination, with the result that over fifty per cent. of our criminals are either of foreign birth or the children of foreign parents. The juvenile courts all over Canada, moreover, are emphasizing the fact that juvenile delinquents are largely recruited from the foreign population.

The problem of the insane in Canada has for years been a neglected one. We have been satisfied with placing cases under custodial care with little or no thought of classification or treatment. New ideas on the treatment of the insane are now beginning to make persons, who have friends or relatives in asylums, demand that they receive more than custodial care. Again, it is becoming recognized that, if persons afflicted with certain forms of insanity are treated early, they may, as in the case of the tuberculous, recover and be able to live a long and useful life. To ensure such an outcome it is necessary to have properly equipped psychopathic hospitals or wards attached to our general hospitals.

The problem of the abnormal child in the school has not been properly solved in our country. Teachers, parents, and school nurses have long been baffled in the attempt to do effective work with the child who is mentally or morally defective. Now they are beginning to realize that the only solution of their difficulties is the formation of special classes and the establishment of institutions for children of such a type.

When war broke out in August, 1914, a wave of patriotism swept over the country; militia regiments were hurriedly recruited up to strength, given a few weeks' training and rushed across the Atlantic Ocean. The examination of these soldiers was, even from a physical standpoint, unsatisfactory, while little thought was given to mental examination. Since early in 1915, many of these soldiers, who should never have been sent overseas, because they were either mentally defective, insane or epileptic, have been returned home and the problem of looking after them and giving them proper treatment is formidable.

All these problems have been confronting our country for some time and a rapidly growing number of public-spirited persons have

interested themselves in trying to solve them. As a result the Canadian National Committee for Mental Hygiene was organized in April, 1918, in its basis following closely that of the National Committee of the United States. It has already performed valuable work such as the compiling of statistics in various fields; the making of a survey in the Province of Manitoba; the helping of existing organizations to secure official aid and public support; and the initiating of work by the establishment of psychiatric clinics in some of the chief centres of the country.

In order to give impetus to the mental hygiene movement and bring it before the public, it was thought advisable to establish a journal in which the different phases of mental hygiene could be discussed and the results of the work undertaken by the Committee could be published.

The Canadian Journal of Mental Hygiene hopes to interest the general public, as well as the medical profession, in all the mental problems confronting the community, in their bearing upon the welfare of the individual and of society, and in the work which is being done towards their clearer definition and more adequate solution. The articles published will be non-technical in nature and reports will be submitted by recognized authorities. It will republish from time to time noteworthy contributions which have added to our knowledge of mental disorders,—contributions which would otherwise not be within the reach of the general public. The Canadian Journal of Mental Hygiene hopes it will be of use to the highly trained worker in psychiatry or psychology, to the physician who is interested in social problems, to the teacher perplexed by the problems of education, to the magistrate who is trying to get at the cause of criminality, to the parent with the abnormal child and to the social worker desirous of doing effective, scientific work.

The Editor of the Journal invites the co-operation of all social workers in the field of mental hygiene, of medical practitioners, psychiatrists, psychologists, the clergy, and everyone desirous of improving the conditions of the mentally abnormal class.

THE FUNCTIONS OF A PSYCHOPATHIC HOSPITAL.

E. E. SOUTHARD, M.D.

Director, Psychopathic Department, Boston State Hospital; Pathologist, Massachusetts Commission on Mental Diseases, and Bullard Professor of Neuropathology, Harvard Medical School.

IF one should fare forth into the world, like Charles Dickens, to determine the state of civilization by the technique of looking into all manner of institutions for the care of dependents, delinquents and defectives, one would discover in various parts of the world, e.g., America, spots of great enlightenment in the midst of a rather general greyness or obscurity. Nothing is more encouraging, should we limit our attention to a few foci in the American world, than the situation with respect to the mental group of defectives. The theory of professional institutions has yet to be written; but amongst professional institutions probably none exceed in idealism of plan and skill of management, facing the uttermost extremes of difficulty, institutions for the insane and allied groups.

In an extensive research we would find perhaps nine kinds of institutions for—I was about to say the *insanity group*, when I recollected myself and instead wrote down—the *mental hygiene group* of wards and patients.

We should find (1) institutions of what used to be called the *nursing asylum* sort, run on the plane of economy and on an easy, almshouse-like basis—institutions not unlike those which the first decades of the nineteenth century set up in place of the terrors of the time before Pinell, Conolly and the rest. However, we should find that most of these nursing asylums would disdain the name and would regard themselves as a kind of mental hospital for cases transferred from more active institutions.

Next we should find (2) institutions of the *district*, state or provincial *hospital* type such as were first constructed in numbers in the thirties of the nineteenth century and which still remain as the *sine qua non* and (unfortunately) the end and aim and final accomplishment of many states and provinces. Of course, the idea of cure exists, at least in theory, in these district hospitals, yet

for the most part they receive committed or certified cases of what we might term "judge-made" insanity, since not the medical profession alone but the judge of probate (or his equivalent) has the actual decision in his mind and hand concerning the institutional fate of these patients. The majority of them eventually die in the district institutions or return thence after various periods of extramural life.

The picture should not be painted too black as several (or shall we say many?) of these district institutions contain modern laboratories for diagnostic and therapeutic work, proper occupational therapy, and staff members who are stimulated by teaching internes and students, and the like. The *receiving wards* of these district hospitals are sometimes adapted to demands upon the highest level; and their differentiated per capita (that is, if budgets were so constructed that one could tell in detail how much these receiving wards comparatively cost) would make a very respectable showing alongside the per capita cost of good general hospitals. In short, there is evidently a striving on the part of district institutions to keep up with the times and treat their insane wards upon the best medical lines.

Pari passu with these idealized receiving ward developments, one finds that more and more patients resort to these district hospitals under the *voluntary relation* (for by this time in communities of so high a degree of civilization, the laws governing the resort of voluntary patients to the state institutions have become revamped and liberalized, perhaps even so devised as to permit indigent persons to put themselves voluntarily under the charge of the state—a potentiality which causes unwarranted theoretical fear on the part of certain guardians of the state purse, lest an impoverished crowd of shiftless persons be saddled on the state).

Nevertheless, concerning these district institutions, except in a very few regions, it cannot be said that the up-striving in mental hygiene is thoroughly successful.

But (3) we find that some of the district institutions develop *out-patient departments* for mental cases. Massachusetts and New York have accomplished much by this plan, largely because the mental hygiene level of these states (to mention for the moment no others) is high enough so that the citizens, the social workers and the patients themselves are more or less willing that the "nervousness" and "nervous prostration" and "nervous breakdown" problems shall be given, at least in part, to state officials. These out-patient departments, although now and then more closely connected, are for the most part (and this is as it should be) very

loosely connected with the state institutions from which they are off-shoots. Nor do these off-shoot out-patient departments differ in any great degree from similar out-patient departments developed in connection with general hospitals as portions of their dispensary work. Aside from a certain superficiality which generally affects these out-patient departments and from their general lack of proper social service and availability of routine psychological testing the out-patient departments may be regarded as one of the most fortunate developments in mental hygiene.

(4) Closely allied with the above-mentioned out-patient departments, will be found sundry so-called *psychopathic laboratories* or similar agencies developed in connection with the public service of courts, schools and the like. Such is the recent popularity (if I may allow myself the word) of feeble-mindedness and the remarkable extension of the hypothesis that crime can largely be explained thereby, that these new units are often fain to promise too much. The psychopathic laboratories are greatly to be commended, despite the fact that most extraordinary stories transpire from some of them concerning the rapidity of diagnosis by their chiefs—beside which the exploits of Sherlock Holmes with his investigations of cigar ash pale into obscurity.

(5) So far we have enumerated institutions which are either paid for out of public funds or closely modelled after public service institutions. We should not omit from these latter another kind of institution which has its mental hygienic bearing. There are, I suppose, ten or one dozen privately endowed but actually *semi-public institutions*, often containing several hundred beds, which, owing to the wisdom of their management and the permanency of their funds, together with the high social level of their patients, have often been enabled to keep alight the torch of mental hygiene in their communities. These institutions are often off-shoots from great general hospitals; sometimes their erection has actually preceded in point of time the construction of the general departments themselves, for, indeed, no later than the days of Benjamin Franklin, wise men in the community saw the insane as amongst the very first problems to be attacked financially and institutionally. In those days, at least in this country, the plane separating public from private service was not so sharp as it has come since to be.

Although the development of the endowed institution for the insane often chronologically preceded general hospital developments by the same community group, yet it is doubtful whether there are many instances in which the interests of the insane have

remained logically and humanitarially paramount over the interest of the unstigmatized general hospital victim of pneumonia or typhoid fever. Perhaps this gradual lapse of the insanity problem from the minds of the humanitarian community groups mentioned and the greater interest taken in the easier problems of general medicine are stages in our progress only to be expected. Out of sight, out of mind—and for the most part these institutions with all their beauty of rural surroundings and excellent upkeep have not hewn close to the line as could have been hoped.

It is safe to say that in instance after instance these privately endowed departments for the insane have been allowed to help financially the general hospital portions of their institutions. Perhaps I am wrong in making this claim; but one can go so far as to say that it is the general impression that departments for the insane in these privately endowed institutions have been allowed either to pay for themselves by high rates of charge or else to make good deficiencies in the budgets of general institutions.

I should not dwell on this matter so long, did I not believe that the situation is not at all irreparable. Many of the community groups which stand back of these endowed institutions with their left hands are pouring out money for university developments with their right hands. They are groups which have simply not been properly instructed in what ways the interest of the insane can be subserved other than by heat, light and power in their more obvious combinations. As one humanitarian belonging to such a group once said to me, "Of course, doctor, you can give the insane *more* treatment, but you cannot give the insane *better* treatment." It was to this man's mind an axiom that all that was ever to be known concerning the treatment of the insane was already in hand. Just as it is said that, if we added up all the knowledge in the world about the game of checkers (or let me say for Canadian readers, draughts!) we should find that all possible checker knowledge was already in some human book or mind, so, according to these humanitarians, we already know all that can possibly be known about the treatment of the insane. We are simply not applying all we know in the most intensive way to the insane all over the world. That the situation is quite unlike that in the case of draughts but is more like that in the instance of chess—namely, that no one yet knows or has ever known all there is to be known concerning chess or perhaps ever will know, such is the initial complexity of the game, and the infinite that is knowable about chess—is an idea rather difficult to put across the mental hygiene stage for many of our most humanitarian persons. Yet it is clear that many of the

finest research problems in mental hygiene will probably never be solved outside of these privately endowed institutions, since the human material needed to solve them can hardly be found elsewhere.

We are now ready to come to the point of the new type of institution known as psychopathic hospital. But first I must mention (5) specialized *institutions for the epileptic* and (6) specialized *institutions for the feeble-minded* with possibly (7) special *institutions for dipsomaniacs*. The two former, namely, institutions for the epileptic and the feeble-minded are sometimes still found under the same roof, although it is a well established principle of mental hygiene that not only should the feeble-minded be treated outside of institutions for the insane, but should also be treated in separate institutions.

Whether specialized institutions for alcoholics can ever be in general maintained or will be needed in future is a question we do not here need to enter. I would make one point, however, namely, that alcoholics do not like to be called insane and the insane do not like to be grouped with alcoholics, so that a pretty skillful handling of the mental hygiene situation is necessary in doing social justice to the two groups under the same roof or from the same social or psychological or psychiatric desk.

We should then probably find (8) a number of *other special institutions* built up upon public, semi-public or private foundations which deal with local and special problems in particular and successful ways, and in the community we find, of course, a number of institutions which are frankly enough commercial in their aim but which give proper and adequate service for their relatively high charges.

That the state is the best boarding house keeper, can not be denied if we confine our attention to the budget and omit reference to invisible elements of the tax rate and also if we wink somewhat at the quality of the board and lodging provided. It ill behooves the publicist, however, to berate the commercial institution simply because he can show such excellent work in the course of accomplishment in *certain* state institutions; for in other state institutions far worse conditions are found in certain states (I will not say provinces) than are to be found in any commercial institutions, short of those immortalized by Mr. C. W. Beers in his book, "A Mind that Found Itself."

We come now (9) to the so-called *psychopathic hospital*, whose functions I hope to have in part explained in the course of the enumeration of other mechanisms for the insane just mentioned. In

more positively explaining the functions of a psychopathic hospital, I must dwell a moment upon its name.

The name psychopathic hospital is, I believe, an American contribution. It is possible that we should ascribe the term to the late Pliny Earle, of Northampton, Massachusetts, that distinguished man, who, beside erecting the monoliths over the Northampton State Hospital grounds, is entitled to enduring fame for having shown the fallacy of early statistical methods in insane hospitals all over the world by his famous, if now obvious distinction between the "case" and the "person." He showed how by enumerating "cases" of recovery and omitting to consider which *persons* were responsible for these *cases* the extraordinary high percentages of recovery claimed by sundry institutions of the highest grade must utterly collapse. Well, it also appears that he had something of modern developments in mind when he compared the psychopathic hospital for the future so far back as the year 1877, with hospitals of his own day, by saying that they would be as diamonds to coal!

The psychopathic hospital is often a university clinic, although this is not implicit in the idea. It is often a municipal or state affair, divorced from university control and contacts.

The term clinic is nowadays used for so many types of institution, even certain non-medical institutions, that its formerly accepted significance as a teaching opportunity is fast lapsing. On the whole, however, so long as teaching is subordinate, perhaps in many communities it will prove wiser to speak of hospitals than of clinics. But these subtleties of nomenclature alter from year to year and differ from place to place, so that whether we term an institution psychopathic hospital or psychiatric clinic, we may not (indeed we cannot) aspire to unanimity in name.

In America we speak, then, of the psychopathic hospital or psychiatric clinic group as that very small group of institutions led off by the foundation of the psychopathic ward at Ann Arbor in 1906 and followed in 1912 by the psychopathic hospital in Boston, and in 1913 by the Phipps Psychiatric Clinic in Baltimore.

In the New York state hospital system there exists a Psychiatric Institute upon Ward's Island which is another research centre. Enlarging the circle of consideration a bit to include the practical (but not especially research-adapted institutions) we should include the Bellevue psychopathic ward and the psychopathic hospital in Cook County, Illinois.

In Newark, New Jersey, and in St. Louis there are institutions or arrangements which look in the same directions.

Syracuse, New York, has a small psychopathic ward upon a sep-

arate footing.

There are no doubt a few other institutions which serve in part at least, some of the functions proper to the psychopathic hospital. Now in Winnipeg is being established another psychopathic hospital which from my information will, in the course of time, take its place amongst the true psychopathic hospitals.

What are the proper attributes of the psychopathic hospital in the sense of the Ann Arbor, Boston and Baltimore institutions? I fancy that many readers well posted in mental hygiene will have been astonished with the frequency with which in the early part of this paper I referred to the "insane." They rightly hold that *insanity, a legal concept, has been replaced with mental diseases, a medical concept.*

Now the psychopathic hospital is that type of institution which in the quintessential way exhibits the truth of this distinction. No institution is entitled to belong in this group if it does not deal with considerable numbers of patients who are not entitled to the designation "insanity," but are entitled to the designation "psychopathic." For the clarity of my own mind, I often place in an inner circle (1) the insane and medico-legal group of *judge-made cases* that are committable or certifiable to public institutions. About this inner circle I place concentrically (2) another group of persons who are perhaps the victims of *psychoses* (to which we might give fairly definite names) but are actually *not certifiable* and are such that no judge would risk committing them to a public institution, despite the fact that they may or may not deserve that proper medical treatment which could only be accorded them in public institutions or in institutional equivalents. Many of the persons in this circle would be appropriate voluntary cases, or cases for so-called "temporary care," which the laws of Massachusetts and of the City of New York have for some time provided.

Around this second circle of the psychoses not insane, I sometimes for the clarity of my own mind place a third circle of (3) *psychopathic persons* who cannot be given more or less definite diagnoses and are, however perturbing in the community, not committable.

Of course the word psychopath etymologically ought to and does cover all sorts of mental diseases, definite and indefinite, stretching from the so-called psychopathic personality to the victim of general paresis itself. Psychopathology, the science of psychopaths or psychopathy is nothing but the science of mental disease as a whole; and one could do a grievous damage by trying to exclude the definite psychoses (committable or non-committable) to public institu-

tions, from the range of the science of psychopathology. Nevertheless, in practice when one uses the term psychopath, one does not have in mind the victim of the more definite psychoses (the committable cases) simply because one would better use the proper designation of the definite psychosis in question and has no use for the more generic designation psychopath. Accordingly, it is both etymologically, logically and practically justifiable for the psychopathic hospital to serve the needs of all sorts of psychopaths in the broadest and in the narrower usage of the term. But if such hospital does not serve the needs of the mild cases, of the acute, the curable and the incipient cases, that is, all psychopathies that are not yet defined and for that reason the more worthy of study, then such hospital would, it seems to me, not be entitled to the term psychopathic.

The psychopathic hospital must deal with psychopaths of all descriptions and if it does not deal with those psychopaths that masquerade under the same nervous prostration, nervous breakdown, and so on, then it will not do its plain psychiatric duty to a large class of mental defectives in the community.

I have gone a somewhat long way about telling the nature of the psychopathic hospital by means of discussing its name. Personally, I rather prefer the name psychopathic hospital to the term psychiatric clinic. In the first place, I regard the term hospital as for the moment a more welcoming and receptive term for the community which is not perhaps yet educated to the highest mental hygiene level. But dismissing the question of the relative values of the terms hospital and clinic, what is to be said concerning the value of the terms psychopathic and psychiatric? Both these terms are a little hard for some of the laity actually to pronounce, although the term psychopathic is less difficult than the term psychiatric. For this reason I fancy the designation mental was given to the analagous London institution which had been founded and was about to be opened just before the war, the Maudsley Mental Hospital. But the term "mental" it would seem is far too general for such a usage, as it would seem a term equally applicable to the nursing asylum, the district hospital, the hospital-school for the feeble-minded, the hospital-school for the epileptic and the like. All these institutions should, in the developed phase of the mental hygiene of a community, be properly termed mental.

I think that one reason why I personally rather prefer the term psychopathic to the term psychiatric is that the term psychopathic, besides its Greek elegance, does not specify within itself the idea of practice, that is, diagnosis and treatment. The psychiatrist is

the mental healer, the practitioner of mental medicine. The specialist in psychopathy might not be merely a practitioner (which he must ever be) but also a theorist. Psychopathology and psychiatry are the complementary *science* and *art* of mental disease.

The true psychopathic hospital should contain within itself the mechanisms not only for the immediate diagnosis and treatment upon the highest lines of the mental patient, but should also contain the mechanisms of research and investigation which will yield scientific results of value in future practice. One may be too fond of this distinction between science and art, between theory and practice, although so great an authority as Marshal Foch makes enormously of the distinction and indeed points to the German methods (of Clausewitz and his ilk) as methods of science that in and for themselves used *as a science* must fail alongside the real practitioner of war, the warrior who regards war *as an art*, which uses science for its end but develops itself independently of science. The men of science have claimed so much for themselves, especially during the last century, that one cannot help sympathizing rather with those who would emphasize the practical side of such topics as mental disease. It is perhaps for that reason that the term psychiatry has taken root instead of the term psychopathology for this field of work.

In thus considering the respective merits of the term psychiatric and psychopathic, I do not wish to claim the one as distinctly superior to the other or as more appropriate than the other at a given time and in a given place. I hope only to make the point that institutions of this group that warrant public confidence are those in which not alone the art of mental healing but also the science of mental disease are given due weight in the budget.

By distinguishing science from art I do not wish to point to the laboratory on the one hand and the ward on the other. For instance, the detection of skull disease by the X-ray is no longer a matter of science. It is applied science or art, and every psychopathic hospital worthy of the name should have accessible to it such device as the modern X-ray laboratory contains: but this is not science, it is practice. Of course, new points with respect to the X-ray and the brain may well be established in such a laboratory, whereupon we should, properly speak of scientific work, that is of theoretical work going on in such a laboratory.

On the other hand, if one in the ward should discover by observation some new property of the pupil or some new symptom and should study such pupillary change or new symptom in a series of cases, here would not be psychiatric practice but here would be a

bit of psychopathology, that is of the science or theory of mental disease in the making. The distinction then between science and art, as I am here endeavoring to make it, is absolutely a cross distinction with respect to the ward and the laboratory. There is scientific ward work; there is practical ward work; there is scientific laboratory work; there is practical laboratory work. To be sure, the laboratory men see much of their work as rather recently applied scientific stuff, and may sometimes claim to be men of science when they are as a matter of fact purely men of practice. On the other hand, we may find the shrewdest and most theoretical clinician proclaiming how practical he is because his work is on a clinical basis. Of course, in the work-a-day world, practical men often get on by claiming more or less subtly to be theoretical, and theorists often—shall I say camouflage—their science by claiming to be practical: but the fact that in our daily lives we have to deal with persons who cannot distinguish (like the Germans indeed, according to Marshal Foch) between science and practice, and the fact that we sometimes have to claim to be scientific when we are actually practical, and *vice versa*, should not blind us to the real distinction. Perhaps enough has been said to show that every psychopathic hospital or psychiatric clinic of the group we have in mind should be equipped and active in both the science (psychopathology) and the art (psychiatry) of mental disease.

Now it may be asked: How has the plan for psychopathic hospitals worked out? It is all very well to say that every city of 100,000 inhabitants, or possibly every city of 50,000 inhabitants, should have such a hospital, developed at least upon its practical side with a scientific man or two on its staff. It is all very well to point to individual successes scored in the field, but how stands it with the total programme? We must acknowledge that it is yet too early to say. It is clear that the psychopathic hospital is never going to replace the majority of the other types of mental hospitals enumerated at the outset of this paper, for the psychopathic hospital has not actually diminished the intake of committable cases to the state institutions. Have they actually reduced the tax rate, or are they in course of doing so? Perhaps one should say roundly, no; no such reduction has been produced or is in sight. If, however, the amount of money saved to the families of persons rescued by the psychiatrists and social workers of psychopathic hospitals should be taken account of, then I am pretty certain that we could establish a good deal of community saving. The insurance is an invisible one, however. I assume that the state or province which deserves the name civilized is one which, regardless of its budget,

treats this general problem upon the highest lines on the basis of the ultimate benefit which will accrue to mankind.

I perceive that the phrase "regardless of its budget" will cause sundry persons to raise their eyebrows; for there are still those amongst us (though happily the war has reduced their number) who place economics ahead of happiness, who place physics ahead of ethics, as the ancients had it. But it is not that the execution of these suggestions would overwhelm a state or provincial budget. They would not. The total expenditures for the higher measures of treatment of the insane and allied classes, form, as anyone can see who attentively reads the budgets, but a vanishingly small portion of the total outgo. But it is not my place to discuss budgets and the budgetary mind: those matters are always attended to by the type of person known the world over as the watch dog of the treasury—a type of mind in which the acquisitive instinct has found its greatest development and in which the constructive instinct lies in a state of comparative atrophy.

Has the psychopathic hospital idea made good the promises of its propounders? The idea now has a history of some fifty years, and there may be a score more or less of institutions in the world which conform to the ideals of what Weir Mitchell terms "the art and its assistive sciences" that have to do with the psychopath taken in his most general sense. A recent account of psychopathic hospital achievements the world over would require a thick volume. I shall confine myself to a very few statements from American experience, the most of which will be borrowed from the institution record with which I am most familiar, namely, that of the institution in Boston.

One of the most striking achievements of the Ann Arbor institution is one scarcely reducible to statistics. My old friend and former colleague, the director of the Ann Arbor psychopathic ward, Professor A. M. Barrett, familiar as he is with the psychiatric levels of at least three states of the union, tells me that quite a remarkable improvement in the general level of acquaintance by general practitioners concerning mental disease has been produced in Michigan as the result of turning out year after year, since 1906, medical graduates familiar with the practical clinical features of the cases seen in their medical school courses at the psychopathic ward. This ward, it must be remembered, is an integral part of the University of Michigan Hospital which operates as a teaching institution for the medical school of the university.

If there were no other single achievement of the Ann Arbor plant, this raising of the general level of the ordinary practitioner's

knowledge of mental disease in the single state of Michigan would be worthy the expenditure. But in addition to this achievement, a number of men have contributed to the world of mental hygiene by the Ann Arbor institution. No doubt, without its existence the breadth of view and plan of attack of the present Director of the Massachusetts Commission on Mental Diseases, Dr. George M. Kline, would not have been so greatly in evidence. To mention only another instance of the permeating power of such a plan, I may speak of Major Frankwood E. Williams, the editor of the American journal called *Mental Hygiene*, and the accomplished manager of many of the war problems of the Division of Neurology and Psychiatry of the Surgeon-General's office.

To raise the general level of psychiatric knowledge upon the part of the practitioner and to contribute men like the two examples mentioned—these are sufficient achievements, if we leave out of account altogether the more technical matters of research and the matter of the expert practical handling of the curable group of cases indicated by Dr. Barrett's biennial reports.

One may speak in equal admiration of the work accomplished since 1913 by the Henry Phipps Psychiatric Clinic under its distinguished director, Professor Adolf Meyer. The clientèle of the Johns Hopkins University is such that no doubt the effects of psychiatric teaching there will be shown in a great many loci and not confined to a single state. It had long been the regret of many of us that the Johns Hopkins Medical School had not taken as advanced a position with respect to psychiatry as with respect to many of the problems of general medicine and surgery, and this despite the heroic efforts made by Dr. Stewart Paton to engage a local interest in the entire problem. However, in the end the Phipps clinic got a sort of Minerva birth fully panoplied.

The institution is distinguished for its high level of psychiatric nursing. It is one of the few institutions in which the general-hospital trained nurses apparently take an equal interest in the psychiatric side. In the long run the production of nurses capable of handling psychiatric cases upon modern lines will prove an essential and one of the most important links in the mental hygiene chain; for it is almost as true as it was 25 years ago when Dr. Weir Mitchell made his celebrated attack on the asylum situation that few or no properly trained mental nurses are in existence.

How to put sympathy into the ordinary trained nurse is a problem that has apparently not greatly engaged those who have swayed the course of nursing in general. It would be a simple and effective plan if every general hospital nurse could be forced to take

some work in a high grade psychiatric institution. Some of these women would prove especially efficient in psychiatry just as some of them now become good surgical nurses, and the public would be quick to grasp the opportunity afforded by the existence of these women.

One is struck in the work of the Phipps Psychiatric Clinic with this high standard of nursing and with the applications of occupation therapy and mechanotherapy and the like with the patients.

Again, of purely scientific accomplishments, I choose to say nothing. I need mention only the important work upon the relation of psychiatry to the child being carried out by Dr. MacFie Campbell.

As for the Boston institution, I can, of course, speak far more fully. A public institution like that of Ann Arbor, a metropolitan institution with a public metropolitan intake unlike that of either Ann Arbor or the Baltimore institution, the Boston plant had a number of problems to handle which might not necessarily belong to the province of a psychopathic hospital. For instance, though the institution was not designed for alcoholics (and the laws indeed forbade admitting delirium tremens) nevertheless there was a considerable alcohol problem, and we spent a number of years in a more or less fruitless campaign to teach general hospitals how *not* to treat the acute alcoholic psychoses. I will not go into the details of our proof that the very best general hospitals on the Atlantic seaboard were losing case after case of delirium through processes of tying-in-bed, alternate stimulation and depression by drugs, and the omission of proper facilities for isolation and for hydrotherapy. Of course, the proof of these matters had been already in the literature of some thirty odd years; but so low is the mental hygiene level in many countries that to this day archaic and barbaric methods of treatment of deliria are maintained in the very midst of palatial hospitals whose boards and superintendents might affect a pious horror if they should read these lines.

However, the power of alcohol in some parts of the world is said to be on the wane, and we may need to replace our interest in alcohol with an interest in certain drugs. In any event, the handling of delirium and excitement in general hospitals ought to be greatly improved by physicians who have seen the worth of prolonged baths and little or no drugs for these cases.

We had also a large syphilis problem to face; something like 15% of our entire intake are patients proved to be syphilitic, though perhaps in not all of these cases could we safely ascribe the mental disease to the syphilis. In the last seven years a most elaborate investigation has been developed of the effects of salvarsan, sal-

varsan substitutes and other anti-syphilitics upon the various forms of neurosyphilis.

The development of elaborate work in social service in this direction has been an indispensable accompaniment. Here again is work which might not be thought at first sight essentially the work of a psychopathic hospital. Nevertheless, we find that the psychopathic hospital group of neurosyphilitics comes to medical observation far earlier than the asylum group of neurosyphilitics. These earlier cases are much more accessible to treatment. We found that of 300 untreated cases of the psychopathic hospital group (that is, those coming relatively early to medical observation) there were not over 15 cases of so-called remission. In 200 cases intensively treated by salvarsan, cases of exactly the same provenience from the community and at the same stage of their disease, we were able to find 50 (or 25%) that were sent back to a condition of self-support. The end of this work is not yet: it will take another decade to determine the effects of this therapy. All the cases must be followed by social service methods.

All three of the institutions mentioned have proved the worth of psychiatric social work. For war purposes the whole thing came to a head in the summer course given at Smith College which attracted a new group of women into a special form of social work which stands to general social work as would psychiatric nursing stand to general nursing.

Some interesting developments in connection with industry and especially with unemployment have also been developed in connection with the social work at the Boston institution.

Mental hygiene appears to me to stand at the present day upon a sort of tripod composed of psychiatry, social work and psychology. It appears to me that no elaborate piece of mental hygienic work can be executed, whether it be the work of a psychopathic laboratory in a court, the work of a survey, the work of a dispensary or any kind of work in mental hygiene whatsoever, without the presence and co-operation of these three types of worker, the psychiatrist commanding the situation, the social worker using independently her technique under medical guidance and the psychologist contributing his scientific judgment concerning measurable mental capacity.

Dr. Yerkes developed at Boston his Point Scale, an endeavor to place the Binet method upon a somewhat more scientific basis, and the psychological work of the institution is so deeply imbedded therein that I believe we should be wholly at a loss in our practical work if we could not have our expert mental tests performed upon

practically every case of diagnostic difficulty. This matter of psychology is no routine matter. Although the steps, like most technical steps, can be learned by almost anyone, it is, nevertheless, true that an accomplished psychologist will succeed in an institution when a six-weeks'-trained person, capable merely of going through the motions of testing, will fail.

At one time the late Cecelio Rossy, who afterward went into industrial psychology, did some work at the hospital upon the choice of employees on the basis of psychological examinations. His endeavor seemed to be a very successful one. It is possible that civil service examinations, to say nothing of other examinations, may in the long run be replaced by the Binet tests or their equivalents.

I have thus far mentioned alcohol, syphilis, social work and psychology as important fields of work, to which intensive study of year-long duration has been made in the Boston institution. Again I omit to speak of pure researches. We had an enormous diagnostic problem to face, as will ever be the case with the institution whose intake is so large (about 2,000 patients a year flowing through a hospital operating less than 100 beds) and with an out-patient department handling some 1,500 cases a year. A number of officers of the institution have contributed to this diagnostic problem, and to their papers I would here make reference.

But the bigger achievement is the achievement in mental hygiene of an institution which succeeds in welcoming hundreds of voluntary cases per annum and over 1,200 temporary care cases that do not pass through the courts. Practically all our cases in Boston are cases of mental diseases that are not "judge-made" in any respect. We have then a practical exemplification of the ideal of having mental diseases handled almost in the manner of general hospital patients. It is no longer a question in a doubtful case of considering a man insane and remanding him to an asylum until proof can be brought that he is not insane. Of course, not many instances of this shameful process are a matter of record, but the contrary thing has often happened, namely, that case after case of more or less obvious disease has been allowed to run along in the community without hospital care until the performance of some overt act which would convince a judge or even a jury that the patient was certifiable.

I believe, then, that this extraordinary accessibility of the psychopathic hospital which has now taken in over 12,000 cases in its brief history, is the point to emphasize with respect to the Boston institution. We have tried to make and have succeeded in making the psychopathic hospital a highly permeable membrane

between general practice and the state hospital system. It is perhaps not yet fashionable to be psychopathic, but at all events, the state hospital system is no longer a forbidding one to the friends of the psychopath and even to some of the psychopaths themselves.

Here, then, I believe, is the greatest function of the new type of institution. Aside from pure researches, aside from medical teaching, aside from the establishment of high psychological and social service standards, aside from the syphilis and alcohol problems, we find looming largest upon the scene the capacity of the psychopathic hospital to draw to itself the unstable elements of a community. It is somewhat as if prisons should exert a sort of magnetism by which criminals would be unfailingly drawn into proper cells or custodianship. Perhaps that may indeed happen some day for those types of criminal that are psychopathic. But, aside from criminology, there can be no doubt that the psychopaths are now flocking toward their proper theatre of treatment much in the same way as at Gheel the victims of mental disease flocked to St. Dymphna's well centuries ago.

Here, then, I end an all too brief and general statement of the functions of a psychopathic hospital as I see those functions lying amidst the more general functions of the community with respect to the whole problem of the psychopath. The psychopathic hospital is not a panacea. Above all, it does not replace any one of the institutions enumerated at the outset of this paper, but it has a very definite and a somewhat novel function of determining to itself those who are most in need of treatment, the acute, curable and incipient cases of mental disease.

THE SCOPE AND AIMS OF THE MENTAL HYGIENE MOVEMENT IN CANADA.

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THE brains of a nation constitute its most important asset. No country can be truly great, and remain so, with a population possessed of mediocre mentality. Natural resources may be necessary for the success of a country, but alone they are not sufficient, and perforce must take second place to human resources.

While it is probable that no enlightened individual would challenge the above statements it is a fact that in Canada we have devoted more attention to things material than to things mental. In the past, governments have, in the main, given preference to railroads, canals, and public works, and have largely neglected the human beings for whom they were constructed. Indeed, there has been little concerted effort, government or otherwise, so to insure the nation, that Canadians will be well born, and well nurtured, and so equipped with brains that they will think, feel, and act as they should.

The Mental Hygiene Movement in Canada aims to correct many of these mistakes of the past. It has been launched for two purposes: first, to emphasize to the people and to their governments the fundamental need of putting first things first, of realizing that human brains are our greatest resource, and therefore deserving of primal consideration as to their conservation and improvement; and secondly, to indicate how the latter can be accomplished.

Although the Mental Hygiene Movement is a comparatively new development in Canada, it has already commended itself to many thoughtful citizens, because it is not only lofty in aim, but eminently practical in its methods. With the purpose of telling something of its scope, its aims, the nature of its problems, and its achievements to date, this article is submitted.

SCOPE OF MOVEMENT.

The Mental Hygiene Movement is directing its energy towards an attempt to solve problems connected (a) with individuals of so-called normal or supernormal mentality; (b) with individuals of

abnormal mentality. The work can therefore be outlined under these two captions.

WORK AMONG "NORMALS" AND "SUPER-NORMALS."*

It is unfortunate that the work among "normals" and "super-normals" has been limited in Canada to date. There are many reasons for this state of affairs, but chief among them is the fact that mental abnormality has been largely neglected until recent times, and has thus been allowed to gain such headway that it now assumes alarming proportions, and constitutes an acute national problem of the first importance. On this account, the attention of mental hygienists has of necessity been unduly absorbed by the problems in the realm of the abnormal, and, in consequence, those connected with the normal and the supernormal have been somewhat neglected. This undesirable state of affairs will be righted in the near future, because an ever increasing number of trained workers is becoming available, and some will undoubtedly be attracted to this promising field of endeavour. The nature of future work among normals and super-normals would be difficult, if not impossible, to predict at present. It is probable, however, that education, industry, and recreation will, among other things, be given careful study, and a word or two about each will be hazarded.

(1) *Educational Psychology*: A study of educational problems from the psychological standpoint. The present educational system needs revision because it does not accomplish in a satisfactory fashion its primal function—the training of our youth to think, feel, and act in such a way that they will become first-class citizens. Psychological and other investigations will, it is hoped, point the way to a sane educational system. If, for example, it is proven by such studies that the emotional and volitional life is certainly of no less significance than the intellectual, and if it is found to be a practical procedure to develop in our children such emotional and volitional factors as enthusiasm, industry, initiative, leadership, etc., then educationalists could be materially helped in revising a wornout system. Again, a psychological estimate of every child might enable teachers to know their pupils better, and might therefore assist them in instruction. From such considerations it must be apparent that the time has come for psychology to exert a real influence in this most important field.

* "Super-normals" should not be confused with "precocious" individuals since the latter are often psychopathic.

(2) *Industrial Psychology*: An attempt to apply psychological methods to industrial problems. Limited work in this field to date has yielded splendid results in classifying individuals according to their suitability for certain tasks; in introducing the element of interest in previously humdrum, uninteresting occupations, and in bringing employees and employers together with a greater appreciation and better understanding of one class for the other.

(3) *Psychology of Recreation*: A study of the effect of recreation on individuals. It is believed by many, that various forms of harmful excess cannot be stamped out successfully in the community unless there is substituted something in the form of healthy recreation. A careful investigation of the whole question from the biological and psychological standpoints would be most useful, and might furnish invaluable data as a starting point for reconstructive measures.

Psychology of the Super-Normal.

There is need for an investigation into the capacity of super-normal individuals, and for a systematic attempt to educate such cases in a satisfactory manner. It has been pretty well demonstrated that for every backward child there is one who is super-normal, but it is unfortunate that many of our brilliant children have been allowed to drift into secondary vocations, because there has been no serious attempt to give them opportunity and wise direction. The Mental Hygiene Movement of the future will take these children into consideration and will thus assist the nation in conserving and developing a most precious asset.

One could mention many other fields in the normal and super-normal realms which the Mental Hygiene Movement of the future will probably cover. Enough has been said, however, to indicate some of the possibilities in this regard. As previously stated, the Movement has given more attention to abnormals, and we will proceed to give this phase of the subject our attention.

WORK AMONG MENTAL ABNORMALS.

Types of Mental Abnormality: Before discussing the approved methods of dealing with mental abnormality, it may be of interest to refer to various outstanding types of this condition, and to outline the scope of the problem, and its effect upon our national life.

The graver mental disorders may be grouped under the following three headings: (a) Mental Deficiency, or Feeble-mindedness;

(b) Mental Disease, or Insanity; (c) Psychopathic conditions. This is not the place to give any detailed or accurate definitions of the above groups. Indeed, accurate definition of any type of mental abnormality is a matter of great difficulty. In passing, one might say, however, that mental defectives are individuals who are afflicted with stunted brain development, and who, on this account, cannot conduct themselves with ordinary prudence, or earn an independent living. Mentally diseased people are those who suffer from brain disease or disorder, on account of which they are rendered more or less socially unfit, while a psychopathic individual is one who is afflicted with such disorder of personality that he often becomes a social problem, but for certain reasons is not classed as feeble-minded or insane.

SCOPE OF THE PROBLEM OF MENTAL ABNORMALITY.

Number of Mental Abnormals. In attempting to outline the scope of the problem of mental abnormality it would be of interest to present, among other things, information concerning the number of abnormals in Canada, but unfortunately accurate information is not obtainable at the present time. Our ignorance in this regard is due to the fact that few comprehensive surveys have been made in the Dominion. If, however, we take into consideration certain facts that have already been gleaned in the United States and Canada, we may arrive at some estimate that is probably not very far from the truth.

Probably the most comprehensive survey of mental conditions ever conducted was the recent mental examination made by the Department of Neuro-Psychiatry and Department of Psychology of the United States army. This study of some two and a half million American troops revealed the fact that approximately 56,000 were suffering from mental and nervous disorders,—in other words, between two and three per cent. If these figures hold true for such a general population as we have in Canada, there are in the Dominion at the present time, upwards of 160,000 mental and nervous unfits.

Surveys conducted in Canada would lead one to believe that the large figure presented is probably not an over-estimate. In Toronto, for example, there have been discovered at one out-door mental clinic, over 3,000 abnormals, who were, for the most part, resident in that city of half a million people. On the basis of such a finding, the mentally abnormal population of Toronto would constitute .6 per cent. When, however, it is realized that the out-

door clinic, referred to, has been in operation for only five years, and that, therefore, it has not had the opportunity of telling the whole story, it can reasonably be surmised that the actual percentage will eventually prove to be higher. In this connection we can take into consideration the fact that mental studies in Toronto public schools have demonstrated that at least 2 per cent of the children examined were so unfit mentally, that they could not successfully cope with the ordinary curriculum. The writer was given an opportunity to study over 10,000 school children from the psychiatric standpoint, and found that slightly over 2 per cent. should be placed in the abnormal class.

In making an estimate of the unfits in a community, hospital for the insane statistics are of some value. In Ontario in 1913, there were 6,931 patients in hospitals, and if this represents the proportion to population cared for in other provinces of the Dominion, there were in 1913, 20,000 insane in the whole of Canada. This estimate is, of course, much too low, because we know that in Ontario, for example, a considerable proportion of the insane are living outside of institutions.

Cost of Mental Abnormals.

The cost of mental abnormality to Canada has never been accurately computed. In the United States, Dr. Abbott of Belmont, Mass., attempted to estimate the cost of insanity in 1910 in that country. The expense incurred in caring for 200,000 patients suffering from mental disease—the number in institutions in 1910)—cost the United States \$33,000,000. The economic loss due to their being unable to work was estimated at more than \$130,000,000 annually—the total cost of insanity being actually equal to the value of the combined United States exports in 1910 of wheat, corn, tobacco, dairy and beef products, nearly \$163,000,000. If such a basis can be taken for Canada, our annual loss in the Dominion, due to insanity, is over \$13,000,000. When we take mental deficiency and psychopathic conditions into account, the total cost of mental abnormality would probably be more than double that attributed to insanity—in other words, more than \$26,000,000.

MENTAL ABNORMALITY AND SOCIAL DISORDERS.

Information regarding the number of mental abnormals in Canada and their cost to the country gives us only a partial picture of a serious situation. To appreciate its tremendous significance it is necessary to consider mental disorders in relation to such social disorders as the following:—Crime, juvenile delinquency, illegiti-

macy, prostitution, spread of venereal disease, pauperism, unemployment, industrial unrest, and inefficiency in educational institutions. A brief reference to these conditions will be made.

Crime.

It is probable that about 60 per cent. of our criminals belong to the mentally abnormal group. In the Province of Manitoba, for example, the inmates of the gaols in October, 1918, were studied from the psychiatric standpoint. Over 60 per cent. were found to be either mentally deficient, insane, or psychopathic. This finding corresponds closely to the published results of Dr. Bernard Glueck's work at Sing Sing Prison. After a study of 600 odd consecutive admissions to Sing Sing, Dr. Glueck reported that 12 per cent. of the prisoners were insane, 28.1 per cent. intellectually defective, while 18.9 per cent. were psychopathic.

Juvenile Delinquency.

As far as juvenile delinquency is concerned it can be stated that upwards of 30 per cent. of all chronic cases are abnormal. Such were the writer's findings in the study of a consecutive series of cases appearing before the Winnipeg Juvenile Court, and a scrutiny of the inmates of a Manitoba Industrial School for Delinquent Boys, Dr. C. K. Clarke's article on "The Work of the Toronto Psychiatric Clinic," tells the same story in more detail.

Prostitution.

That mental abnormality, and mental deficiency, in particular, plays a prominent role in prostitution is a well-proven fact. Recent studies conducted in Canada and the United States show that upward of 60 per cent. of all prostitutes are of defective mentality. Since a considerable proportion of these women suffer from venereal disease, the dire effects on the community can be imagined. A case in point furnishes a startling side-light in this connection. A feeble-minded prostitute suffering from gonorrhoea and syphilis was recently treated in the Toronto General Hospital. At the time she was being cared for, no less than five men were receiving treatment for syphilis in the same hospital, and they gave a history that indicated that they had contracted the disease from this one woman.

Illegitimacy.

With regard to the relationship that exists between illegitimacy

and mental defect, recent studies conducted in Toronto and Winnipeg tell an astonishing story. In over 300 cases that received a mental examination in hospitals in those cities, over 80 per cent. were found to be feeble-minded. It may be that such a large percentage does not obtain for unmarried mothers obtaining obstetrical treatment outside of institutions. Unfortunately no statistics are available in this regard. That mental deficiency, however, plays a major role in illegitimacy is undoubted. The seriousness of the situation is made more apparent when we take into consideration the fact that a considerable proportion of the unfortunate children so born are handicapped mentally.

Educational Problems.

The effect of attempting to teach abnormal children in regular classes of primary schools has had many untoward results. From the educational standpoint it has been proven time and time again that efficiency is sacrificed by such a system. Defective children absorb an undue proportion of the teacher's time at the expense of the other pupils, and benefit little themselves from the instruction given. Since many are of a restless disposition they are a disturbing element, and often throw the whole class room regime out of gear.

While the mental defective in a primary school hampers educational efficiency it is in the realm of morals that probably the greatest harm ensues. Feeble-minded children readily fall victims to bad habits, and they frequently poison the morals of their classmates. In one school the writer discovered that in a group of fifty children, sexual immorality of various forms was being practised. A study of the situation pointed to the fact that the ringleaders in evil practices were a feeble-minded boy and a defective girl. Unfortunately such a condition of affairs has been discovered in the same city on several occasions.

Pauperism, Unemployment, Etc.

When pauperism is studied by the psychiatrist it is found that mental abnormality plays a leading role. Cases like the B. family of Winnipeg, are frequently encountered in Canada. The B. family consisting of father, mother, and eight children, cost relief organizations of the city of Winnipeg well over one thousand dollars in the year 1917. At the end of the year the family was in as great a state of destitution as at the beginning. The reason lay in the fact that all the B.'s were mentally deficient.

In a longer treatise than the present it would be appropriate to consider such social maladjustments as chronic unemployment, vagrancy, alcoholism, and certain phases of industrial unrest. In all of these conditions clinical evidence could be adduced to demonstrate the important part played by mental abnormality.

PROGRAMME OF MENTAL HYGIENE MOVEMENT IN CONNECTION WITH MENTAL ABNORMALITY.

Enough has been said to show that mental abnormality is a veritable cancer on our social life in Canada. How, it may be asked, are we going to cope with this menace? What programme has the Mental Hygiene movement adopted to meet the situation?

Workers in this realm are attempting to deal with the problem (a) from the standpoint of society, and this can be designated "Social Treatment," (b) from the standpoint of mental abnormality itself, which might be called "Control and Prevention of Mental Disorders."

Social Treatment.

It is obvious that society must be protected from the ravages of mental abnormality. How can this be accomplished? Several approved measures are herewith submitted: (1) The establishment of mental clinics throughout the country attached to adult and juvenile police courts, general hospitals, boards of health, public schools and philanthropic organizations. It is important that all individuals who give concern to the state should receive a mental examination to determine the status of their social and mental fitness. (2) The establishment of treatment centres for mental abnormals. There must be provided in Canada a sufficient number of hospitals for the insane, training schools for mental defectives, and auxiliary classes for backward and peculiar children in primary schools. These measures are of paramount importance for society, because segregation of the mentally unfit constitutes the best means in most cases, of materially minimizing the social disorders previously enumerated in this article.

Control and Prevention of Mental Disorders.

Mental disorders can best be controlled and prevented in Canada by adopting some such programme as the following:—

(a) Careful selection of immigrants. In the past Canada has been careless in the matter of selecting immigrants. In fact no

adequate measures have been adopted to prevent the importation of mental unfits. As a result, probably more than half of our insane and feeble-minded population has come from countries outside of Canada. There is, therefore, urgent need for reform, and in this connection the reader is referred to articles by Major J. D. Pagé and Professor W. G. Smith in the present issue of the Journal.

(b) Prevention of mental unfits rearing families. Since over eighty per cent. of the feeble-minded, and a somewhat lower percentage of the insane spring from unsound stock it is necessary to control the sex life of these classes. This can best be done by segregating disordered individuals in institutions, with male and female patients in separate buildings.

(c) Early and efficient treatment of mental disease. It is probable that insanity would not so often be a hopeless condition, if early and scientific treatment were provided for all cases. In Canada our medical men have received scanty training in psychiatry and are, for the most part, unable to diagnose incipient cases of mental disease. Under such conditions the mentally afflicted generally become chronic before treatment is attempted, and the prospects of cure or alleviation are thereby prejudiced. To make matters worse there are many hospitals for the insane in Canada that, for the most part, provide only custodial care. One institution recently visited in this country had but one physician in charge of seven hundred patients. It is needless to say that active treatment in that asylum was impossible under such conditions. That a somewhat similar state of affairs obtains in other parts of Canada is a tragic fact. There is therefore urgent need for an awakening of the medical profession to the necessity of early diagnosis, and a need for the stimulation of governments to provide institutions that can give hospital rather than asylum care.

WORK OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

An outline of the Mental Hygiene movement in Canada should refer to the work of the Canadian National Committee for Mental Hygiene. This society was organized in Ottawa in April, 1918, to deal with the various problems under discussion. Already it has achieved notable success in the realm of mental abnormality. One provincial survey was made by the Committee in Manitoba, with the result that that province will adopt a comprehensive system of dealing with mental defectives and the insane. Another survey will be made by the Committee in the near future in British Columbia.

In addition, valuable work has been done in co-operation with the Federal Government in connection with the problem of returned soldiers suffering from mental and nervous diseases, and in connection with immigration.

The Committee desires to enlarge the scope of its activities to include work in the normal and super-normal realm. As has been previously intimated industrial psychology, educational psychology, etc., need attention. The Committee is prepared to undertake a programme covering these fields if sufficient funds become available. Patriotic Canadians could not do better for their country than by subscribing to a budget that would make possible such needed work.

CONCLUSION.

According to such an eminent Canadian educationalist as Sir William Peterson, the Mental Hygiene Movement is one of the most important social developments in Canada in recent years. It is the hope of the writer that Canadians will realize the importance of the movement and will support it in a worthy way.

THE STORY OF THE TORONTO GENERAL HOSPITAL PSYCHIATRIC CLINIC.

BY C. K. CLARKE, M.D., LL.D.

Medical Director, Canadian National Committee for Mental Hygiene.

I N 1909 when Superintendent of the Toronto Hospital for the Insane, I felt that something should be done to establish an Outdoor Clinic for psychiatric cases. It was only too evident that patients would be reluctant to seek help in a hospital for the insane, so permission was asked of the Board of Trustees of the General Hospital to establish a clinic in one of their buildings in the centre of the city. Dr. J. N. E. Brown, the Superintendent, approved of the scheme, interested the Trustees and obtained the necessary permission, placing at our disposal a room in what was known as the Ward Clinic, a little house on the corner of Chestnut and Christopher Streets. These details are given as it was the first Clinic of the kind to be established in Canada. Dr. Ernest Jones, the well known psychiatrist, who was at that time Associate Professor of Psychiatry, and also doing duty as Pathologist at the Toronto Hospital for the Insane, was assigned to the duty. This Clinic did excellent work for a time in spite of the fact that it was difficult to make people understand its aims and intentions. With the building of the new General Hospital, the Clinic house had to disappear, although it was maintained until the last moment possible. Dr. Jones returned to England, I assumed the superintendency of the new General Hospital, and so great was the pressure of work that the thought of establishing a new Clinic on a different basis was not entertained until Dr. Helen MacMurchy suggested that it should be resurrected, especially with the idea of helping the Juvenile Court to develop a special psychiatric study of many of its cases. At that date Drs. C. M. Hincks and O. C. J. Withrow were endeavoring to assist in the examination of the court cases, but were working under great difficulties and without proper equipment. I was anxious to co-operate, consequently these young physicians came under our wing and transferred their energies to the newly formed Clinic in April, 1914, which was most modest in its first endeavors. We were given the services of a social service nurse, Miss E. DeV. Clarke, whose training had been acquired in New York, and who

was long familiar with cases of mental disease and defect. There were a good many who laughed at the possibilities of what they called a "Nut Clinic," and even some of the good ladies who were loyal supporters of the Social Service Department, looked askance at the venture, feeling that the innovation was of little importance and extremely likely to interfere with what they believed to be the really serious problems of their organization. I had always felt that the greatest work of any Social Service Department was that of discovering the defectives in a community and providing proper care and treatment for them. It was soon evident that we had underestimated the importance of the movement, and it was not long before every one in the Social Service Organization realized that we had unearthed a gold mine as far as the community was concerned. In a short time one nurse found it impossible to make the necessary home investigations, and we had to have the co-operation of school nurses, juvenile court investigators, city nurses, and nurses in training. Even with all these helping it is scarcely possible to keep pace with the necessary investigations.

As time went on we succeeded in getting the Department of Psychology at the University interested, and eventually Professor Smith, Dr. Bott, Dr. Pratt, and Mr. Freeman, undertook many of the psychological investigations, leaving the purely clinical work to the psychiatric examiners, who thus found time to go into the medical aspects of each case with thoroughness and exactitude. In addition to that, minute psychological investigations of especially interesting cases were undertaken at leisure in the psychological laboratories of the University of Toronto.

Eventually it was learned that a great deal of the work was peculiarly medical, as a goodly proportion of the children proved to be suffering from mental diseases in the early stages. Believing that changes in metabolism play a certain role in the production of early psychoses, studies in metabolism are now being undertaken in the Department of Chemical Pathology. In this way a most complete study of patients may be made, covering family history and environment, a study of the individual from the psychological, psychiatric and chemico-pathological standpoints,—all interesting and important. The greatest difficulty experienced has been that of providing proper treatment for each case, as the Juvenile Court is, in particular, hampered by not having necessary resources at its disposal when faced with the problem of dealing with the many delinquents of the moron class—children who are not only out of place in industrial schools for normals, but a menace where the population is of the mixed variety as far as mentality is con-

cerned. Ontario has not yet faced its responsibilities in this particular, but the work of the Clinic has brought home to the community the necessity of prompt action at the earliest moment possible. All social workers in the city, nearly all school teachers and nurses, have been aroused to an intelligent interest in the doings of the Clinic, and we have behind us a host of workers who keep those in charge busy at every session. At first one day a week was all that was necessary—now two days a week are required to meet the demands for attention, and before the end of the year it will be necessary to give three days a week to do the work properly.

The mass of information gathered has already thrown sidelights of the greatest value on all sorts of problems such as prostitution, illegitimacy, juvenile delinquency, venereal disease, immigration, etc., and we know exactly what the requirements of the community are. In looking over the reports the remarkable growth of the work of the Clinic is striking, and no one seems to have anticipated the development that has occurred. In the third Annual Report of the Toronto General Hospital, Social Service Department, Dr. Withrow wrote as follows:—"The Clinic has been enabled to do good work and has met a real need. Two hundred and seventy-six cases have passed through our hands in the nine months, and twenty-nine of these have been placed in institutions where they will be well cared for, trained to a degree, and, in some instances, taken from a community to which they have been a menace. Not only have the Juvenile Court, the Board of Education, and various charitable institutions sought our advice and help, but many private individuals have come to us for assistance in their perplexity over one of their immediate family. We are hoping great things for this Clinic."

This hope lies in three directions:—

1. That the Government of Ontario and the Municipality of Toronto may speedily establish the proper kind of institutions for the segregation and efficient training of these types of humanity, and further increase the efficiency of existing institutions. When we have put a label upon a patient and know his proper destination we should like to have that destination assured.

2. That our Clinic may be used more and more as the clearing house for all such cases as are found in the City of Toronto.

3. That those with money to spare, may become so interested in this important and basal work, that generous financial assistance be given. If this be received we may reasonably hope to have one of the finest Psychiatric Clinics on the North American Continent.

What was hoped for happened, and in 1915 the interest in the work increased, as the Social Service Department—sceptical at first—began to see that after all the Clinic was really the backbone of the Social Service Movement, was accomplishing true reforms and gathering facts with which to convince the general public. The war, of course, interfered with progress, and the Clinic lost the services of Miss Clarke, who had done so much to organize the work along advanced lines. She felt the urgency of war needs, but left in her place Miss Marjorie Keyes, who had shown great aptitude for the work while acting as a nurse in training. The mantle fell on worthy shoulders and the Clinic developed apace. 473 new cases came under observation in this year and 692 of all classes attended. The activities included no less than 804 home investigations.

In 1916 the importance of the Clinic was recognized and publicly acknowledged by Miss Jane Grant, the head of the Social Service Department, who, when writing of the work of the Psychiatric Department said: "It is to this centre that all branches of hospital social service or general social service must look for its salvation. Eliminate the feeble-minded and insane from our communities and all social work would be a joy. We should give to this Clinic an unstinted support, knowing that its failure to achieve success would handicap all other social effort." Coming from one who had been brought up to believe in other social service ideals, this was high praise indeed, and a most welcome admission that the importance of the Clinic was recognized by a leader.

In 1916 no less than 643 new cases attended, 885 old and new came under observation, and Dr. C. M. Hincks pointed out in graphic language what had been accomplished, writing in part as follows:—"Toronto is roused at last! The terrible menace of the feeble-minded has shocked the community. The Board of Education considers the present state of affairs intolerable, and is seconded by the Board of Control and the citizens at large. At the present time there is being demonstrated a determined resolve to provide immediate care for the feeble-minded of this municipality. Whence has come the dynamic power bringing about such an upheaval of public opinion? Many forces have been at work, but chief among these has been the Psychiatric Clinic. Facts concerning the feeble-minded of this city have been accumulating at the Clinic since April, 1914. The data collected was of an astounding character. It was well known by the Clinic staff that if the Provincial and Municipal Governments continued in Dr. Clarke's terms to play 'battledore and shuttlecock' with the problem, then the airing of the facts could effectually put a stop to this pastime. The psychological mo-

ment for disclosing our findings arrived, when the Academy of Medicine devoted an evening to a consideration of the question of feeble-mindedness. It was pointed out that 1,455 cases had been examined at the Toronto General Hospital—that of this number a large proportion were feeble-minded; that 285 were habitual thieves; that 120 had attempted to commit murder; that 59 delighted in setting fire to buildings; that 178 were prostitutes of the worst type and for the most part afflicted with venereal disease; that 201 cases were incorrigible in school, and 53 of the latter were found guilty of immorality of the most shocking nature. Dr. C. K. Clarke stated that 54 per cent. of the defectives examined at the Clinic were of foreign birth. The newspapers published these startling statements and Toronto was convinced that the problem needed immediate solution."

In 1917 the work of the Clinic developed enormously and 1,549 cases were examined, the Juvenile Court furnishing no less than 662 of these. Of this number 489 were diagnosed as defectives, clearly illustrating the intimate connection between feeble-mindedness and juvenile delinquency. As usual the proportion of foreign born showed how badly supervised immigration had been, and how necessary it was to inspire the Federal Government, if possible, to adopt a wiser inspection of the immigrants than had been the case in the past.

In 1918 the work again developed and 1,660 cases came under observation, in spite of the fact that some thought we must have completed the survey of the local defectives. As usual the Juvenile Court contributed its large quota, gradually the type of patient began to change, and we received more of the high grade imbeciles owing to the fact that the community is becoming educated in regard to the importance of detecting the moron at the earliest moment possible.

During the early part of 1919 the numbers coming under observation have steadily increased, and evidently when the end of the official year has been reached the average attendance will surpass that of other years. At the time of writing no less than 5,388 cases have passed under examination since April, 1914. This in itself indicates the magnitude of the problem in one locality and incidentally proves that the most pessimistic of the prophets in Ontario have far underestimated the number of defectives in the Province. A government report placed the probable number at 7,000, but apparently Toronto alone must possess more defectives than that. However, it is only by patient delving such as is done in the Clinic that the true facts can be arrived at,

Statistics have been compiled giving accurate diagnoses regarding 4,347 cases, which appeared at the Clinic between April 4th, 1914, and September 1st, 1918, and the results are most interesting as showing how intricate and far reaching the problem is. Dealing with the defectives alone, they made up practically 50 per cent. of those examined or including the so-called backward, who in nearly all instances were feeble-minded, almost 60 per cent.—the insane numbered more than 14 per cent., and as probably half of these were children, it is seen that the prevalence of psychoses in childhood is comparatively common. The supposedly normal only numbered 509 all told, and of course, in many of these the diagnosis will have to be revised later on, as the higher grade of morons are not always easily picked out in a Clinic where the time for examination is necessarily limited. At all events it is now made evident that when a complete survey of this community has been made, it will be found that almost the most serious problem to be dealt with is that of the proper care and treatment of the defective and insane classes in our midst. A striking fact when an analysis of the cases from the standpoint of nationality was undertaken was encountered when it was found that Canada could only claim 55 per cent. of some 4,134 cases investigated, Great Britain claiming 31 per cent., and other nations being credited with 14 per cent. This points most clearly to the fact that immigration, as has already been said, must be far more carefully supervised than has been the case in the past. If we were to take into account the number of children born in Canada of recently arrived immigrants the proportion of those who should be classed somewhat differently would bring the percentage of Canadians far below the figure quoted. Unfortunately that was not done, so we must base conclusions on facts which make the recent immigrants give a much more satisfactory showing than they are really entitled to. As the majority of the patients are children of tender years the truth of this argument is abundantly evident.

Coming now to an analysis of the reasons why patients were sent to the Clinic we find much food for thought. Taking 4,134 cases available at the moment of writing the following were the reasons why we received them:—

Theft	1,049
Truancy	562
Vagrancy	347
Environment and bad home conditions	79
Immorality	292

Immorality among school children	86
Shopbreaking	50
Setting fire	74
Illigetimate children	262
Backwardness	332
Bodily violence	122
Helpless	98
Epilepsy	76
Private cases	110
From military authorities	183
Referred from other clinics or institutions for routine examination	329
Attempted suicide	1
Incorrigibility at home	82

In brief, the common causes were theft and immorality, and if we include the vagrants among the immoral figures we readily discover that these two classes furnish almost 50 per cent. of the total figures, not at all surprising to those who are working in the Clinic, as the various forms of delinquency are always prominent among the Juvenile Court cases.

In penning this article no attempt has been made to go into a minute analysis of what has been done or is being attempted, because to do so would be to take up one or two complete numbers of the journal. What it is hoped to accomplish is to direct the attention of the readers to an intelligent conception of the scope and aims of a psychiatric clinic. The establishment of such clinics is imperative in all communities of ten thousand or more inhabitants and the institution of travelling clinics in smaller centres, as it is only by persistent and well planned surveys of each district that the greatest good will be accomplished. In subsequent issues more detailed studies of the individual problems encountered in the Clinic will be undertaken. The Clinic is to be congratulated on the devotion of its present social workers, Miss Kniseley, Miss Moss, Miss Grant and Mrs. Dewey, who have the most advanced ideas in connection with the aims and endeavours of this branch of Preventive Medicine.

To Mrs. D. A. Dunlap, so many years the generous President of the Social Service Department, much of the clinic's success is due, as she not only provided a great deal of the money required to keep it alive, but was always an ardent believer of the importance and significance of the movement to care for the defective classes.

Nationality of 4,134 patients attending Clinic from April, 1914,
to February 1st, 1919:—

Canada	2,299
England	929
Russia	216
Scotland	287
United States	112
Ireland	84
Italy	64
Poland	27
Roumania	16
Austria	15
West Indies	9
France	9
Wales	6
Germany	5
Greece	5
Malta	5
Galicia	5
South Africa	4
Finland	4
Holland	3
Newfoundland	2
India	2
Belgium	2
Serbia	2
Denmark	2
Australia	2
South America	2
Norway	2
Iceland	1
Sweden	1
Unknown	11
Bermuda	1

SOME REMARKS ON THE NEUROSES OF WAR.

BY H. P. WRIGHT, M.D., MAJOR, C.A.M.C.

Montreal.

THE story of functional disturbances during the great war is interesting. Early in 1914 cases were evacuated from the Field Units, Ambulances, and Casualty Clearing Stations with no diagnosis at all, or possibly one of concussion. On arrival at the base, according to army tradition, it became necessary to give these cases a name, and they seem to have been universally called "shell shock." Mott in his Lettsonian Lectures in February, 1916, refers to them by this name. In all probability many of the original sufferers, in stating their complaints, honestly said that they had been shocked by the effect of high explosives. In no previous war had high explosives of such enormous capacity been used, neither had they been employed in such quantity. In the early days of the war the great cry was shells, shells, and more shells. Lloyd George can almost be said to have become Prime Minister of England on this cry.

Many theories were deduced as to the causation of this so-called "shell shock." Mott in the article referred to above expressed the opinion that the condition was caused by the gases liberated by the explosion of high velocity shells. This opinion seemed to have been formed because of the similarity between the post mortem findings in a case of Carbon Monoxide poisoning and one of so-called "shell shock." Towards the end of 1916 there seemed to have developed a general feeling of dissatisfaction with the term. People were settling down to the idea of the war. More and more men were being conscripted. Every man that went to France was still a hero, but it was beginning to be recognized that the strain of active service conditions was as important an etiological factor in the causation of so-called shell shock as the concussion resulting from the explosion of a particular shell or shells.

In the spring of 1917, while working at the Granville Canadian Special Hospital under Lieut.-Col. Colin Russel, I read a paper entitled, "Suggestions for the Further Classification of Cases of so-called Shell Shock." An attempt was made to divide these cases into four groups:—

- I. Concussion.
- II. Hysteria.
- III. Neurasthenia.
- IV. Malingerers.

A few months later (most emphatically, not because of my paper, but because of this aforementioned widespread feeling) the army authorities divided shell shock into two groups:

I. Concussion.

II. N.Y.D.N. (Not yet Diagnosed Neurasthenia).

They, in addition, established special shell shock centres for each of the five British armies. This plan had previously been adopted by the French with great success. All cases of definite traumatic concussion were so marked on the F.M.C. (Field Medical Card), by the M.O. (Medical Officer) of the Battalion or M.O. of the A.D.S. (Advanced Dressing Station) of the Field Ambulance. Cases that they were unable to diagnose definitely were called N.Y.D.N., this standing for "Not yet diagnosed neurasthenia." The men themselves came to regard N.Y.D.N. as meaning "Not yet dead, nearly." On arrival at one of the army advanced shell shock centres, if there were any doubt in the mind of the attending M.O., the O.C. (Commanding Officer) of the Hospital wrote direct to the O.C. of the unit from which the man had come and asked for a written report. A special army form was printed for this report, and it contained a short account of the incidences leading up to the development of the concussion or N.Y.D.N. Many of the cases labelled as N.Y.D.N. eventually became marked up as Neurasthenics, and consequently the cases of neurasthenia in military hospitals increased.

At this time there were two distinct opinions in England—the one represented by Mott and his followers, who regarded shell shock as a definite organic entity, and the other represented by the Maghull Military School, which regarded the neuroses from the psychological point of view. In the spring of 1917, the Americans began to arrive in England. They were detailed for duty in different hospitals in England and France. The Neurological Clinic of the 4th London General, under Lt.-Col. Mott, F.R.S., received their quota. Many of them were psychiatrists, and approached the problem from the psychological point of view. They were young men, away from their own country, and not dependent for their futures on the goodwill of the chiefs of the British service. They were, in addition, coming fresh to the problem after the disease had become well established.

Towards the end of 1918, Mott began to publish articles which showed that he accepted a great deal of Dejerine's ideas, who was

undoubtedly one of the world's greatest psychotherapists, and so psychotherapy came into its own in England. But this does not mean that the methods of treatment in the different hospitals conformed,—far from it. Broadly speaking, there are two methods of attack through psychotherapy.

I. Suggestion and persuasion.

II. Psychological analysis.

Before proceeding to discuss these two forms of treatment, it would seem wise to draw a distinction between the terms functional and psychological. Functional is a term which is entering more and more into the parlance of medical men, and in the various specialties of medicine it seems to have different meanings. In neurology psychological should be regarded as entirely different from functional. The Maghull School employed the term psychological for those conditions which they considered had resulted from a definite psychic experience, e.g.:

X —, while in the front line trenches, had his chum killed. This chum was standing beside him at the time, and as a result of the injury some of his brains were scattered on X's. left shoulder. A few hours later he discovered the brain tissue on his shoulder. This was a fresh psychic shock. He always dreamed of the experience at night. A few weeks later he was evacuated with paralysis of the left arm (psychological).

Another case, M —. He and his next door neighbour enlisted in the Canadian Road Transport on the same day, and after pretty well parallel experiences arrived in France. One night he was detailed in charge of a squad laying down a certain piece of track near the front line. They had received strict orders that they were not to smoke. After a bit he had a very strong desire to smoke. He therefore asked his chum to take charge of the party, and, contrary to orders, made his way to a little bush about 20 yards distant. He then lighted his cigarette. In about five minutes the Germans sent over a salvo of shells, and his friend, whom he had left in charge of the working party, was killed. A few days later he was evacuated with the diagnosis of N.Y.D.N. Some weeks later this man was seen by me at Taplow, when he complained of severe pain in the back and inability to walk. I saw at a glance that there was something on his mind and asked him what he dreamed about. He replied: "Nobody but God will ever know that, Sir." To make a long story short, he told me all about it a few days later. He thought that the flare from his match had been observed by the Germans and consequently they had shelled that part of the line and that therefore he was indirectly responsible for the death of

his best friend. Naturally, he was a very difficult case to treat, as he had a good many arguments on his side, but in a short time he was walking about and the pain in his back had disappeared.

These two cases might be said to have had a definite psychological cause, and they are the type of functional cases which will react to psychotherapy. Other functional nervous diseases, in which there is no psychic trauma, will not, on the other hand, respond to psychotherapy. E.g., it is perfectly ridiculous to attempt to treat a case of "constitutional Psycasthenia" by psychological analysis. In this class of case the condition is largely hereditary, and the only way to treat this disease is to become the director and give explicit directions. Epilepsy not very long ago was regarded as a functional nervous disease. Eventually one might imagine the pathology determined of all this latter group of functional diseases, and then psychological and functional would mean one and the same thing to the neurologist. This is, in my opinion, a very important point, because without accepting it as a working hypothesis no uniform success can be obtained by psychotherapy. This is the point of view adopted by the Maghull School, and the results obtained by them were sufficiently good to permit them to institute short courses, of three months' duration, under the authority of the British War Office.

A full appreciation of how a point of view may develop and the circumstances leading up to it is essential before undertaking to treat a psychoneurotic.

Conversion hysterics are invariably cured, some more readily than others, but all are cured. The term conversion hysteria means, that an idea has become objectivized. For example, a man gets an idea that he can not talk, and, when the idea becomes strong enough, he becomes aphonic. As soon as the idea is got rid of, the man will talk. These conditions, which to-day are termed "conversion hysteria," were called by Sir James Paget "Nervous Mimicry," on which he gave a course of six lectures in 1875, and from which the following is an extract:—

"It is seldom that patients with well-marked nervous mimicries have ordinary minds—such minds as we may think average, level, and evenly balanced. You may, indeed, find among them some commonplace people, with dull, low-level minds; but, in the majority, there is something notable, good or bad, higher or lower than the average—something outstanding or sunken. This something is, in different cases, so various that it is impossible to classify or even to enumerate the diversities. But be clear that these patients are not all silly, or fraudulent. . . . It will be safest if you be-

lieve only that, in any case of doubt whether a local disease be organic or nervous, it adds something to the probability of its being nervous if the patient has a very unusual mental character, especially if it be unusual in the predominance of its emotional part; so that under emotion, or with distracted attention, many things can be done or borne which, in the quieter mental state, are felt as if impossible or intolerable. And this probability of mimic rather than real disease will be much increased if the symptoms seemed to follow any great or prolonged mental tension, or if the patient's mind be set, in much more than the ordinary degree, upon the real or supposed disease. In all the well-marked cases of nervous mimicry, and in the less marked in only a less degree, the malady determines the general current of thought, and often of the whole life. Egotism has its keenest life at and about the supposed seat of disease. If the malady be not always uppermost in the thoughts, it seems always in an undercurrent, rising at every interval between the distractions of work or play. . . . (1).

"(L.) He writes to Sir Henry Acland, in 1866, of a patient—'What unsatisfactory and hardly manageable cases these are. This clever, charming, and widely known lady will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear, or forget, or suppress all the turbulences of her nervous system.'"

The term "conversion hysteria," however, suggests a working hypothesis, and, although the theory in connection with it may be wrong, it is well to remember that many theories have outgrown their usefulness and been discarded. The human mind demands a theory—some explanation, however feeble or illogical. It seems ridiculous in the light of our present day knowledge to think that for years eminent physicists and chemists thought that rays of light, during their passage through certain crystals, had their molecular contents altered, and that this was the theory by which polarization of light was explained. But it took a Pasteur to correct this theory. Theories were made to serve man, not man to serve theories. If at times one feels impatient with some of the theories of psychology, it is well to remember that they are just submitted as tentative working hypotheses.

The methods employed by the suggestionists and persuasionists are too well known to require discussion. Dejerine and Dubois are the two leaders of thought in this field, and of the British neurologists Mott and Hurst are the two most prominent of those who have advocated this form of treatment for the war psychoneuroses. Last spring, at a meeting of the Neurological Section of the Royal

Society of Medicine, Major A. F. Hurst showed some moving pictures of the quick cures wrought in war hysteria. The audience was amused and quite impressed by the results obtained by Major Hurst, but it was noticeable in the discussion that took place after his paper that very few questions were asked about hysterics. All the physicians who were treating war neuroses seemed more concerned with the class of case that evidenced no objective symptoms, but produced a long string of subjective symptoms, i.e., the war neurasthenic, and Major Hurst was not able to claim very brilliant results with this class of case.

Dr. Henry Head also referred to the difficulty of treating the neurasthenic, and emphasized the amount of patient investigation that was required before making any recommendation to the patient. As an illustration he recalled the knowledge of his engine that an engineer must have before he can control it, and stated that the position of physician and patient was analogous to that of the engineer and his engine. This implies that the mentality or point of view developed by the individual is of importance. What are the thoughts that make up the idea that have produced the symptom? For instance, in a case of functional aphonia, the mutism is the symptom. The idea that he can not speak has produced the dumbness, but why and how has he developed the idea that he can not talk? To a psychologist the idea of treating the mutism as though it were the disease would be almost parallel to treating the secondary rash of lues locally and leaving the *Treponema Pallidum* to roam about at will in the body.

In a soldier at war there are two primary instincts predominating in his personality:

I. Self-preservation instinct.

II. Herd instinct.

The first is an instinct that army training tries to minimize; and the second, one that a great part of the training is devoted to developing. Patriotism in all its various stages, from a platoon esprit de corps to the national one, is but a form of herd instinct. Eventually the conflict between these two instincts becomes too severe and the self-preservation one holds sway, if not in the conscious mind, at least in the unconscious one, and a way out has to be found. So the psychoneurosis develops,—each case different, but yet all resembling one another in many ways, and each one a problem in itself. The conditions of life and the ideals necessary to a victorious army develop a habit of thought quite contrary and in conflict with that of the previous peaceful civilian. The war neurasthenic has many mental conflicts, which he cannot rid from his field of con-

sciousness because of their strong emotional element.

After having treated the cause of the psychoneuroses, there still remains the necessity of creating new habits, and the creation of these new habits is a most important part of the treatment. The problem of the rehabilitation of the soldier is the problem of the formation of new habits after the natural habit-forming period has been passed. "Habit is ten times nature," the Duke of Wellington is said to have exclaimed, and William James says, in part, of habit:

"Habit is thus the enormous fly-wheel of society, its most precious conservative agent. It alone is what keeps us all within the bounds of ordinance, and saves the children of fortune from the envious uprisings of the poor. It alone prevents the hardest and most repulsive walks of life from being deserted by those brought up to tread therein. It keeps the fisherman and the deck-hand at sea through the winter; it holds the miner in his darkness, and nails the countryman to his log-cabin and his lonely farm through all the months of snow; it protects us from invasion by the natives of the desert and the frozen zone. It dooms us all to fight out the battle of life upon the lines of our nurture or our early choice, and to make the best of a pursuit that disagrees, because there is no other for which we are fitted, and it is too late to begin again. It keeps different social strata from mixing. Already at the age of twenty-five you see the professional mannerism settling down on the young commercial traveller, on the young doctor, on the young minister, on the young counsellor-at-law. You see the little lines of cleavage running through the character, the tricks of thought, the prejudices, the ways of the 'shop' in a word, from which the man can by-and-by no more escape than his coat-sleeve can suddenly fall into a new set of folds. On the whole, it is best that he should not escape. It is well for the world that in most of us, by the age of thirty, the character has set like plaster, and will never soften again.

"If the period between twenty and thirty is the critical one in the formation of intellectual and professional habits, the period below twenty is more important still for the fixing of *personal* habits, properly so called, such as vocalization and pronunciation, gesture, motion, and address. Hardly ever is a language learned after twenty spoken without a foreign accent; hardly ever can a youth transferred to the society of his betters unlearn the nasality and other vices of speech bred in him by the associations of his growing years. Hardly ever, indeed, no matter how much money there be in his pocket, can he even learn to *dress* like a gentleman-born. The merchants offer their wares as eagerly to him as to the

verist 'swell,' but he simply *cannot* buy the right things. An invisible law, as strong as gravitation, keeps him within his orbit, arrayed this year as he was the last; and how his better-bred acquaintances contrive to get the things they wear will be for him a mystery till his dying day."

Consider the men of war who have had to give in, the men who have had experiences which were too much for them, the men who have been evacuated with a diagnosis of N.Y.D.N., gastritis, or myalgia, and have later been labelled neurasthenics. These men have temporarily been knocked out and mastered by their experiences instead of remaining master of those experiences. They have very often lost their self-respect, and have invariably lost confidence in themselves and developed bad habits of thought. These are the men that require help and encouragement and wise directive sympathy. The rehabilitation of the returned men is difficult, but the rehabilitation of the soldier who has developed a war neurosis is many times more difficult. The psychological analyst claims that he endeavors to study the complex mental processes and to direct the patient so that he knows his own mind and again becomes orientated and adapted to the environment in which he is likely to spend the balance of his life.

Just one last word in regard to the prevailing opinion toward functional nervous conditions. Unquestionably, when one comes to deal with cases showing practically no sign on physical examination, the average medical man begins to flounder. He is getting in beyond his depth. The average Tommy has some inkling of this fact, and some unquestionably simulated nervous disease. The longer the war lasted, the greater became the number of lead swingers. Many of them eventually became labelled as Neurasthenia or Hysteria. Some of them were discovered and treated in such a way that they were cured. A knowledge of the history of their cases unfavourably prejudiced many medical men against all war neurasthenics and hysterics, and, as is so often the case, the decent chap, who has broken down, as a result of too trying experiences has had to eat the dessert which was meant to be served out to the malingerer.

BIBLIOGRAPHY.

1. The effects of High Explosives upon the Central Nervous System. F. W. Mott, F.R.S.
2. Medical Diseases of the War. A. F. Hurst.
3. The Psychology of Insanity. Bernard Hart.

4. Memoirs and Letters of Sir James Paget.
 5. Psychology. William James.
 6. The Instincts of the Herd in Peace and War. W. Trotter.
 7. Phychic Treatment of Nervous Disorders. Dubois.
 8. Psychoneurosis and Psychotherapy. Dejerine.
 9. The Psychoneurosis of War. Roussy and Lhermitte.
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IMMIGRATION, PAST AND FUTURE.

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THE history of Canada is in a large measure the history of Immigration. From the day when to the astonishment of the red men the pale faces began to arrive from the East and press their way forward toward the West, to the present day, when the results of the labour and endurance of the hardy pioneers are manifested in "the star of Empire," there has been the ceaseless movement of the immigration tide from the shores of Europe to those of the St. Lawrence and the Great Lakes and the illimitable lands of the west. For the days of Cartier and Champlain, and those intrepid explorers who looked forward to conquest rather than settlement, were but the pioneer days preparatory to the full movement of that spirit of colonization, which has so long marked the Empire of Britain. The plains of Abraham witnessed the decision that in the New World British laws, customs and institutions should be dominant, but just as the soil of those plains embraced in common mother-earth the gallant dead of both sides who had so nobly fought for supremacy, so also did the soil of New Canadian life take into itself French and English characteristics that were prophetic of a still more composite population fused into the unity of a nation "extending from sea to sea and from the river unto the end of the Earth." The struggle for empire decided in 1760, and ratified by the treaty of Paris, 1763, brought under the British Flag about sixty thousand people gathered mainly around Quebec, Three Rivers and Montreal, and scattered along the shores of the St. Lawrence and the Richelieu. In the regions beyond lay a few scattered forts buried in the wilderness, and serving as trading posts for the fur-trade with the Indians. Detroit had a population of about a thousand, and Quebec seven thousand inhabitants, while Montreal, after a hazardous growth, had attained to nine thousand. Such was the nucleus of the Dominion of Canada.

While England's success in The Seven Years' War gave her undreamed of territory, her failure with the Thirteen Colonies gave an influx of loyalists into her new domain—one of the early immigration waves. It is quite probable that the settlement of the new

lands would have gone on rapidly had not the internal political strife connected with the struggle for responsible government been a strong deterrent to those in Great Britain, who were turning eager and inquiring eyes to the lands beyond the sea. And yet despite the fact of the untold hardships involved in redeeming the wilderness, despite the fact of bitterness between Upper and Lower Canada, despite the dreadful inconveniences, distresses and sometimes the horrors connected with long voyages from England, there must have been a steady increase in the population not only by birth rate, but by immigration, for when the Act of Union in 1867 formed the four provinces of Quebec, Ontario, Nova Scotia, and New Brunswick into one Dominion, the population of these provinces in 1861, upon which the Act of Union was based, was 3,090,561. Of these Quebec had 1,111,566; Ontario, 1,396,091; Nova Scotia, 330,857; and New Brunswick, 252,047. From the small number of 60,000 inhabitants in 1763 when Canada passed under the British Flag the population had grown in just 100 years to over three millions—i.e., about doubling itself every 20 years. While it seems clear that in the Province of Quebec the major source of increase was in the natural birth-rate, since there was not a considerable influx of French-speaking people, it is equally clear that the major source of increase in Ontario was not so much the birth rate but immigration from the British Isles, and parts of Europe. In fact it was the steady increase in the population of Upper Canada which rendered more and more acute the internal strife between "the Canadas," which issued in the report of Lord Durham in 1838, urging the union of the two provinces, "for while the present state of things is allowed to last, the actual inhabitants of these provinces have no security for person or property, no enjoyment of what they possess, no stimulus to industry." But that report is not only significant for its political insight, but also for the light it throws on the conditions of immigration at that period. One of the most interesting side lights on the character of the immigrants, the nature of the voyage, the conditions meeting the new-comers, is given by the evidence incorporated in that report. Of the numerous difficulties that beset the immigrant in the new lands, volumes could be written, but the scantiness of population, the consequent lack of roads, the blocks of land reserved for the clergy and for the crown, the acres granted to U. E. loyalists, militiamen, officers and others—lands which were frequently unimproved and left wild—made the task of the settler well nigh hopeless in the outlook for schools, post-offices, mills, churches, markets. An illustration of some of the difficulties due

to the absence of roads is given in the statement of the Chief Agent for Emigrants in Upper Canada, appended to Lord Durham's report. "In 1834 I met a settler from the Township of Warwick, on the Caradoc Plains, returning from the grist mill at Westminster, with the flour and bran of 13 bushels of wheat; he had a yoke of oxen and a horse attached to his wagon, and had been absent nine days, and did not expect to reach home until the following evening. Light as his load was, he assured me that he had to unload wholly or in part several times, and, after driving his wagon through the swamps, to pick out a road through the woods where the swamps or gullies were fordable, and to carry the bags on his back and replace them in the wagon. Supposing the services of the man and his team to be worth two dollars per day, the expense of transport would be twenty dollars. As the freight of wheat from Toronto to Liverpool (England) is rather less than 2s. 6d. per bushel, it follows that a person living in this city could get the same wheat ground on the banks of the Mersey, and the flour and bran returned to him at a much less expense than he could transport it from the rear of Warwick to Westminster and back—a distance of less than 90 miles." From the vantage point of to-day with its fairly good roads and the agitation for better, one can more easily imagine than describe the conditions facing the settler who endeavoured to wrest a living from the primeval wilderness. And it is not to be wondered at that only those of hardihood and physical stamina successfully achieved the task. Then as ever the weak went down in the struggle. But the conditions of hardship and distress did not wait for the immigrant to settle on the land. They found him on his voyage from Europe. The passage occupied on the average six weeks, and frequently extended to eight or nine weeks, the ships were overcrowded, more emigrants being taken than the space and provisions warranted, and than the law allowed. Vessels were chartered for emigration by persons whose sole object was to make money, and who made a trade of evading the provisions of the Passengers' Act. This was the case in many vessels coming from Ireland, the number of persons on board being greater than that allowed by the Law. The captain, of course, explained to the authorities on this side that the extra numbers smuggled themselves, or were smuggled, on board, and were only discovered after the vessel had been several days at sea. The obvious expedient of examination of the ship and its passengers was not enforced, although the Imperial Act required that the names, ages, sex and occupation of each passenger should be entered in a list, certified by the customs officer at the outport, and delivered by the

captain with the ships papers to the officers of the customs at the port of landing. Lists, of course, were always delivered to the tide surveyor, but they were not infrequently wholly incorrect as to names and ages. The purpose was to defraud the revenue by evading the tax upon immigrants—for the tax was paid not by the emigrant but by the ship's owners. The simple expedient of mustering the passengers and comparing them with the printed lists would have detected the errors, and also provided some work for the emigrant officials to do. If overcrowding was bad, provisioning was, if possible, worse. Poorer immigrants frequently did not have a sufficiency of provisions for the voyage, though that they should have was a regulation that could be enforced under the Passengers' Act, which authorized the inspection of provisions by the outport agent for immigrants. This being neglected the passengers with insufficient provisions became dependent on the humanity of the Captain or the charity of fellow-passengers. An overfondness for criticism would lead one to ignore the possibility of any Captain having any grain of humanity. But that becomes a libel. No doubt many a humane man was then, as now, sailing the seas. Yet the man who would allow the sailing list to be falsified, and who would shut his eyes to the evils of overcrowding on his ship, would not be averse to employing means for supplying the necessities of the poorer immigrants who might have a few shillings left. A stock of provisions would be laid in for this purpose, prices would be increased anywhere from 100 to 400 per cent., and the unfortunate immigrant mulcted of his last shilling would be landed in Quebec to face a new and untried world. Parish emigrants, and they were many, were generally at the mercy of the Captain, and frequently were put on short allowances soon after departure from port. Then, the provisions were always coarse and quite often bad. Rations of biscuit and beef, or pork, of poor quality would be impossible for sea-sick people, and especially for women and small children, who had little or no stores of tea, sugar, coffee, oatmeal, etc. The inevitable debility left them an easy prey to Typhus and other contagious diseases, and, in the words of one Medical Inspector, "the mortality during the voyage was dreadful." Nothing else could be expected in ships ill-found, ill-provisioned, overcrowded, and ill-ventilated. Sometimes ships were compelled to obtain food from other vessels with which they had fallen in, and quite frequently there was insufficient supply of water. The casks were insufficient in number, very many of them were old casks, made up with pine heads, which leaked, and often fell to pieces. In one ship the loss of water by leakage was computed as 800 gallons during the first three days,

and in another ship about the same amount. When these two ships arrived in port one had enough water for no more than half a day, and the other was quite without water. Yet these two ships together carried 776 souls. Insufficient space was allotted for the berths which were sometimes badly constructed, two ships being specially mentioned as defective in this respect, for the berths came to pieces with the first heavy sea, causing the death of two children and severely injuring many others. Sometimes the ship itself was unseaworthy, wrecks occasionally occurred, and where a ship was unseaworthy it could not carry much sail, and so necessitated a long and dangerous voyage.

The condition of the Emigrants upon arrival need not be detailed. The inspecting physician at Quebec found himself often at a loss for words to describe their state. But, he declares, "with few exceptions, the state of the ships was quite abominable, so much so, that the harbour-master's boatmen had no difficulty, at the distance of gun-shot, either when the wind was favourable or in a dead calm, in distinguishing by the odour alone a crowded emigrant ship. I have known as many as from 30 to 40 deaths to have taken place, in the course of a voyage, from Typhus fever on board of a ship containing from 500 to 600 passengers; and within six weeks after the arrival of some vessels, and the landing of the passengers at Quebec, the hospital has received upwards of 100 patients at different times from among them. On one occasion I have known nearly 400 patients at one time in the Emigrant Hospital of Quebec, for whom there was no sufficient accommodation. . . . The mortality was considerable among the emigrants at that time, and was attended with most disastrous consequences; children being left without protection, and wholly dependent on the casual charity of the inhabitants of the city. As to those who were not sick on arriving, I have to say that they were generally forcibly landed by the masters of vessels, without a shilling in their pockets to procure them a night's lodging, and very few of them with the means of subsistence for more than a very short period. They commonly established themselves along the wharfs and at the different landing-places, crowding into any place of shelter they could obtain, where they subsisted principally upon the charity of the inhabitants. For six weeks at a time from the commencement of the immigrant season I have known the shores of the river along Quebec, for about a mile and a half, crowded with these unfortunate people, the places of those who might have moved off being constantly supplied by fresh arrivals, and there being daily drafts from 10 to 30 taken to the hospital with infectious disease. The

consequence was its spread among the inhabitants of the city, especially in the districts in which these unfortunate creatures had established themselves. Those who were not absolutely without money, got into low taverns and boarding-houses and cellars, where they congregated in immense numbers, and where their state was not any better than it had been on board ship. This state of things existed within my knowledge from 1826 to 1832, and probably for some years previously." Another inspector reported the same sort of conditions: "Upon the arrival of emigrants in the river, a great number of sick have landed. A regular importation of contagious disease into this country has annually taken place; that disease originated on board ship, and was occasioned, I should say, by bad management in consequence of the ships being ill-found, ill-provisioned, over-crowded, and ill-ventilated . . . the mortality during the voyage has been dreadful." Another inspecting physician reported: "The poorer class of Irish, and the English paupers sent by parishes, were, on the arrival of vessels, in many instances, entirely without provisions, so much so, that it was necessary immediately to supply them with food from shore. This destitution, or shortness of provisions, combined with dirt and bad ventilation, had invariably produced fevers of a contagious character, and occasioned some deaths on the passage; and from such vessels, numbers varying from 20 to 90 on each vessel, had been admitted to hospital with contagious fevers immediately on their arrival."

The query naturally arises: What sort of Emigrant was this that he could in any way tolerate these conditions? So far as the pauper emigrant was concerned he was described by the Deputy Inspector-General of Hospitals as follows: "On his arrival in the province he is generally either with nothing or with a very small sum in his pocket; entertaining the most erroneous ideas as to his prospects here; expecting immediate and constant employment, at ample wages; entirely ignorant of the nature of the country; and of the place where labour is most in demand, and of the best means by which to obtain employment. He has landed from the ship, and from his apathy and want of energy has loitered about the wharfs, waiting for the offer of employment; or, if he obtained employment, he calculated upon its permanency, and found himself, at the beginning of the winter, when there is little or no employment for labour in this part of the country, discharged, and without any provision for the wants of a Canadian winter. In this way emigrants have often accumulated in Quebec at the end of summers, encumbered it with indigent inhabitants, and formed the most onerous burden on the charitable funds of the community." If blame be placed

at all on this condition of affairs, it cannot be laid exclusively at the door of these unfortunate people, but more so at the doors of the charitable organizations and parishes that provided the means for it and the Governments that tolerated or ignored it. Describing the situation and suffering of the emigrant Mr. Stayner, the then Deputy Postmaster-General, for British North America, said: "Many of these poor people have little or no agricultural knowledge, even in a general way; and they are all ignorant of the husbandry practised in the country. The consequence is, that, after getting into the 'bush,' as it is called, they find themselves beset by the privations and difficulties which they are not able to contend with, and giving way under the pressure, they abandon their little improvements to seek a livelihood elsewhere. Many resort to the large towns in the provinces, with their starving families, to eke out by day labour and begging together, a wretched existence." Of course the more enterprising and vigorous, disgusted at the conditions, moved out to the United States, where "the reported high wages and more genial climate" was the great attraction. One observant official expressed the conviction that 60 out of every 100 emigrants from Britain for a period of years went to the United States. It is not to be imagined that all the emigrants were of the unfortunate type described. If they had been it would have been a dreary outlook for the provinces of Lower and Upper Canada. But the poorer classes of emigrant, in the words of the Deputy Inspector-General, above mentioned, "the emigrants with families, from the south of Ireland in particular, as well as the pauper emigrants from England, those emigrants sent by parishes, in large proportions, arrive in a state of great poverty. I should say that the majority of the voluntary immigrants from England, and from the north of Ireland, do not generally arrive in a state of actual destitution, since they generally possess a little money, unless their families are very large. We have had occasion to remark upon the manner in which pauper emigrants have been sent from England, and to recommend that funds for their location should be furnished by the parishes, and entrusted to authorized agents here for their benefit. The observations apply, in some degree, to pauper English emigrants, but to a far greater degree to those from Ireland, and particularly from the south of Ireland."

This is quite sufficient, perhaps more than sufficient, to indicate the conditions surrounding immigration in the period from 1830 to 1850. But despite all these hardships the tide was moving westward in great strength. In 1831, 50,254; 1832, 51,746; 1833, 21,752; 1834, 30,935; 1835, 12,527; 1836, 27,728; 1837, 22,500; 1838, 4,992;

for the eight years a total of 222,704, an average of over 27,000 per annum. The distracted state of the country evidently accounts for the small number in 1838, but both before and after the report of Lord Durham things began to improve. The Passengers' Act was amended, a quarantine station was established at Grosse Isle some miles below Quebec, The Quebec Emigrant's Society was formed, an emigrant tax was imposed for the destitute sick and the totally destitute, Grosse Isle was made public property and the whole establishment placed under the direction of the executive Government, all emigrant ships were obliged to stop there, examinations were made by competent and responsible officials, and when the union of the provinces took place in 1867, the population had increased to over three millions.

With the next forty years there came great expansion. The political unrest finally subsided, industry grew, agriculture developed and the last quarter of the 19th century was one of unprecedented progress. As a matter of fact the words of Lord Durham were being fulfilled in a promising manner. Expressing his dissent with the view that "some parts of the conduct of emigration should be entrusted rather to charitable committees than to an ordinary department of the Government," he wrote these significant words. "I can scarcely imagine any obligation which it is more incumbent on Government to fulfil, than that of guarding against any improper selection of emigrants, and securing to poor persons disposed to emigrate every possible facility and assistance, *from the moment of their intending to leave this country* to that of their comfortable establishment in the colony. No less an obligation is incurred by the Government, when, as is now the case, they invite poor persons to immigrate by tens of thousands every year. It would, indeed, be very mischievous if the Government were to deprive emigrants of self-reliance, by doing everything for them; but when the state leads great numbers of people into a situation in which it is impossible that they should do well without assistance, then the obligation to assist them begins; and it never ends, in my humble opinion, until those who have relied on the truth and paternal care of the Government, are placed in a situation to take care of themselves."

This utterance is profound enough, but it was not unique; the necessity of a systematic and responsible management of emigration had been repeatedly urged upon the Government for some years, and the improvements mentioned above leave room for inference as to an earlier unregulated and practically lawless situation. But the consummation of confederation made the way clear for the fuller organization of a Department by which the regulation and

promotion of Immigration could be more easily achieved than heretofore. The discovery of the immense and unimagined resources for agriculture and other industries, showed quite clearly that in these lands beyond the seas there was the possibility of a great and powerful population. The tremendous agricultural possibilities of the country led the Government to encourage settlers who would engage in agriculture, and, conversely, discourage prospective settlers whose occupation, or lack of it, would contribute mainly to the congestion of towns and cities. This encouragement was made by an elaborate propaganda in countries from which emigrants were regarded as desirable. In leading cities of Europe and the United States officials were established to encourage suitable persons to emigrate. Circulars were printed in the language of the country in which they were distributed, giving glowing accounts of the great opportunities in the new country. Newspaper advertisements, agricultural exhibits, pictorial representations, lecture tours were supplemented by bonuses paid to steamship agents who acted as booking agents directing people to Canada. Emphasis was laid especially on obtaining persons who had some experience in agriculture, or experience in domestic work. That such propaganda cost money may be seen from the fact that for the fiscal years 1898-1908, inclusive, Canada's immigration expense was \$6,798,832.00, an average of \$677,983.00 per annum, and 36.8 per cent. of that amount was spent in Canada for regulating, with 63.2 per cent. spent abroad for promoting. This does not at all mean that free passages were scattered broad-cast and all doors thrown wide open, nor were bonuses paid on all who desired to see the new country. Bonuses were to be paid on British subjects, "who have for at least one year been engaged in the occupation of farmer, farm-labourer, gardener, stableman, carter, railway surface-man, navy, or miner, and who signify their intention of following farming or railway construction work in Canada." A similar regulation applied to domestic servants.

The result of this was that during the years 1901-1909, inclusive, the number of immigrants into Canada totalled 1,244,597. Taking the population of 1901 as 5,371,315 there is, through the agency of immigration alone, an increase of 23.3 per cent. Of that great tide of people 502,264 came from the United Kingdom, 393,908 from the United States, and the balance mainly from Europe. Compared with immigration into the United States the influx into Canada was proportionately greater. From 1900 to 1909, the number of people entering as immigrants into the United States was 7,753,816, more than six times the number entering Canada for approximately

the same period, but the percentage of increase for Canada is 23.3 per cent., against 10.2 per cent. for the United States. It goes without saying that the task of assimilation was greater and more difficult for Canada, and in a large measure has not yet been achieved. While it was fortunate that of that vast influx of people the majority, or about 70 per cent. were English-speaking, yet 348,425 were non-English-speaking, and of these 21,495 were Chinese, Japanese, and Hindu. Such a polyglot population intensifies on every side the task of assimilation and makes the hope for one uniform and national language recede into the distant future.

Although it was the express intention and advice of the Dominion Government, through the Immigration Department, to prefer farmers, farm-labourers and female domestic servants, and although any other intending immigrants were urged either to get definite assurances of employment in Canada before leaving their home country, or to have sufficient money to suffice for a probable period of disappointment, and although bonuses were paid only on the special kinds of immigrants desired, yet, taking the years 1907-08-09, as typical, when over half a million immigrants came to Canada, only 206,104 or 36.8 per cent. were farmers, or farm-labourers,—and that number included the women and children accompanying such. And of that number, again, the United States supplied more than half. On the other hand, for the same period, 26 per cent. of the total immigration consisted of mechanics, traders, and clerks. Moreover, while 206,104 immigrants upon entering declared their occupations as farmers, or farm-labourers, it did not follow that after landing they entered upon these occupations, but rather that they had fulfilled the condition laid down by the Government of having spent at least one year in agricultural labour. This inference is borne out by the data for homestead entries which during the decade 1900-09, numbered in the Western provinces 235,690. Of that number more than 60 per cent. were immigrants. During the same period the total immigration was 1,244,597. Thus the number of immigrant homestead entries made only 18 per cent. of the total immigration, and of these the number from the United States almost equalled the United Kingdom and the rest of Europe. Of the immigrants coming from the British Isles and Continental Europe, only a comparatively small number were engaging in agricultural life. The great majority were entering into industrial and urban life, swelling the population of the cities with all the complicated problems connected with a rapid development.

Encouragement was also given to the emigration of poor and homeless children in Britain, though the expense connected there-

with was borne by charitable agencies. There has been during these years a steady demand for these children and a constant stream toward Canada. The report of the Superintendent of Immigration in 1909, estimates that during the preceding 50 years nearly 60,000 juvenile immigrants have come from the British Isles. As an indication of the extent of this source of immigrants there were 19,034 juveniles admitted during the period 1901-09, but there were nearly seven times as many, 130,825, applications received. Whatever may be said for or against this type of immigrant, and many, perhaps, most of them, have "made good," less can be said in favour of immigrants who were sent out yearly to Canada by private charity or State aid. Evidence of the scope of this "philanthropic" work may be seen in the fact that for the year 1907, there were 12,336 persons sent to Canada by London Charitable Societies alone. Add to these the number of state-aided and rate-aided immigrants, and the suspicion seems well founded that in the attempt to sedulously follow Mr. Kipling's advice of "Pump them in," selection was not as active as benevolence, and Canada was becoming a dumping ground for misfits and undesirables. No strict supervision of an official character was exercised over these immigrants. They were products of the distress committees and of the work-houses, and the distress committees provided the money for transportation, while the booking agency was supposed to provide the employment on the Canadian side! To offset these decided disadvantages an Order-in-Council was passed in 1908, prohibiting the landing in Canada of any person whose passage had been paid wholly or in part by any charitable organization, or out of public moneys, unless the emigration to Canada of such persons had been approved by the Canadian Immigration authorities in London. That approval had to be made on definite grounds and involved an enquiry by the Canadian Immigration authorities into the previous character of the family of the proposed immigrant; a medical examination of such immigrant; assurance that arrangements had been made for the reception and employment of the individuals concerned; and finally, it was required that every immigrant, male or female, 18 years of age or over, arriving in Canada before February 15, should have in his or her possession money to the minimum of \$50, or if arriving after February 15 and before April 1, a minimum amount of \$25, in addition to a ticket to his or her destination in Canada, unless satisfactory evidence is furnished that the immigrant is going to some definite employment, or to relatives or friends already settled in Canada, who will take care of such immigrant.

(To be continued.)

(C)

IMMIGRATION AND THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

BY J. D. PAGE, M.D., MAJOR, C.A.M.C.
Chief Medical Officer, Port of Quebec.

WHEN a year or more ago, it was proposed to organize in Canada a committee for Mental Hygiene, of the various reasons advanced to justify the "raison d'être" of such a body the one which, above all, appealed to me most, was the work that could be undertaken by the committee in connection with immigration.

If the population of this country is going to be doubled within the next ten years, as predicted by certain optimistic persons, I venture to predict that without a better control than has existed in the past the standard of the physical and mental health of the inhabitants of Canada will be materially lowered, while the provinces had better hurry and make provision to take care of such specimens and their products, as were found in an over proportion to the native population, by the experts of the Committee in their recent survey of the Province of Manitoba.

It is remarked by a few people who have had the courage to make repeated statements relative to undesirable immigration and its causes, before the various Medical, Health and Social Congresses that the research work and the publicity given to its results by the Committee for Mental Hygiene, has done more to stir up public opinion during the last few months than all the protests and resolutions passed by the above agencies for many years, especially as regards the menace of the mentally abnormal.

It is also gratifying to note that the value of the work done by this Committee has received official sanction by the fact that it was asked by the Government Public Welfare Commission of Manitoba to make a survey of the public institutions of that Province and that British Columbia has now made a similar request.

While I am not authorized to speak in any way of the importance of the Manitoba survey, from what I know I venture to say that the proportion of mentally defectives and insane born outside of Canada, who are inmates in the institutions of Manitoba, is a startling revelation of a danger to the race which is as threatening as was the German menace to the world not long ago, although many people who think themselves wise are still quite blind and

deaf on this subject.

It occurs to me that the reproduction here of the picture made by Sir James Barr, of the conditions existing at the nearest source of some of our troubles, on the other side of the water, might start them thinking.

It was in 1910 that the above distinguished English surgeon, who was invited to deliver an address before the Canadian Medical Association, under the title of "Medicine of the Future," among other things, said:—

"You have, here, a virgin soil and you should see that it is peopled with a vigorous and an intellectual race. You should shut out all degenerate foreigners as you would exclude a mad dog."

As if he had wanted to create such an impression as would give more effect to this general warning he added:—

"During the last fifty years, the insane population of England and Wales has increased 250 per cent., while the whole population has only increased 81.6 per cent., and in Ireland with a falling population the increase has been about 100 per cent. The ratio of the insane to the general population is in England and Wales, one in 278, in Ireland, one in 158, and in Scotland, one in 256. This is not all, as there is even a greater number of defectives in the three countries. As to the idiots he stated, that there are some 150,000 (estimated) of these defectives in England and Wales and for every defective there are from six to a dozen of his relatives only a shade better than himself. Practically the same holds for insanity."

The following extract from an address by Lord Shaughnessy, before the Calgary Board of Trade, and reproduced in the Montreal Star of the 22nd September, 1916, will leave no doubt as to what we must expect when immigration resumes its course, if the old policy continues to be adhered to:—

"The immigration of the country is of vital importance to every citizen. We do not want as Immigration Agents in Europe, the United States or elsewhere, men who receive such position for political services performed. The work should not be left in the hands of the Steamship Agents, whose only interest in the business is the five dollars per head and the Agent's commission they receive."

From the above it would appear that the booking agents were pretty well at leisure to pump into the country almost anything they saw fit and with the chronic weakness of our system of inspection which, fifteen years after its conception, is still in an embryonic stage, seemingly awaiting a Foch to operate its transformation. It is no wonder if a surplus stock expensive to keep and for

which there is no demand, is stored up in many of our institutions which are rather short of space to take more cases having the same trade mark. As I happened to converse with representatives of the Western Provinces in course of recent travels, I received the impression that through the work and propaganda of the National Committee for Mental Hygiene some people out there, at least, are beginning to think better, feel better and expect to act better in the future for problems that have not until now been conspicuous before their eyes. The West seems particularly concerned about those connected with immigration; in fact, it seems the liveliest issue at the present time in Western Canada.

They desire some new policy in this respect and it occurs to me that, if comprehensive legislation is enacted during the present session, the carrying out of the details will present some difficulties which the Committee might be in some way instrumental in solving by studies made, not so much at the ports of arrival, perhaps, but in England and on board the ships.

It does not seem unlikely that, if an initiative of this kind received the sanction of the Federal Government, the results of the enterprise might have an important bearing in the exclusion of many mentally unfit.

The following remarks taken from the report of the Surgeon-General of the U. S. Public Health Service are of particular interest with regard to prospective immigration.

"A review of the immigration work performed during the past fiscal year tends to a belief that a demand has already been created for a more rigid inspection of arriving aliens to determine their exact mental and physical status. It is also believed that the necessity for increased efficiency along those lines will not lessen with the end of hostilities in Europe, at which time the students of the subject predict that even if the tide of immigration does not markedly increase, the percentage of mental and physical defectives will be much larger than ever, for the reason that in the scheme of reconstruction in the countries at war the main object will be to dispose of, through the avenues of immigration, those persons who will be least useful at home." . . .

"The policy of assigning the medical inspection to an increasing proportion of officers specially trained in psychiatry has been a big factor in determining the results. More attention each year is being devoted to this phase of immigration inspection and the increasing percentage of mentally abnormal immigrants discovered has demonstrated the value of the work."

We have not yet any psychiatrists employed for the examina-

tion of immigrants in Canada. The fact that for the three years preceding the war, 1911-1914, only 20.2 immigrants per 100,000 were rejected for mental causes, while for the same period 60.1 per 100,000 were certified for rejection in the United States demonstrates that unless we change our methods we are not practising intelligent economy.

In as much, as a large proportion of the financial support of the Committee has been given on the basis that it could be helpful in connection with immigration, I shall conclude in inviting expression of views to the Editor of the Canadian Journal of Mental Hygiene, regarding the wisdom and advisability of attempting extension work across the Atlantic Ocean.

SOCIAL SERVICE AND MENTAL HYGIENE—A NEW COURSE OF TRAINING.

BY R. M. MACIVER, D. PHIL.

Professor of Political Economy and Acting Director, Department of Social Service, University of Toronto.

AN old and long-neglected need, which has been brought home by the war to the public consciousness, is that for special treatment and care of the mentally feeble and abnormal. The National Committee for Mental Hygiene has focused this need and provided a great new organization for meeting it. In doing so it must provide also institutional workers who will be specially trained to deal with the conditions and problems, not only of feeble mindedness, but of all those mental abnormalities which, for the welfare of the whole country, need curative treatment. The ordinary training in nursing and the ordinary curriculum of such few schools of Social Service as now exist are not adequate for this purpose. Special provision has to be made, and the Department of Social Service of the University of Toronto, at the suggestion and with the support of the National Committee, is undertaking to provide this spring a first course of training for that purpose. While it is primarily the particular need of the returned soldier which has directed attention to this work, the course is designed for any, and particularly nurses who are likely to devote themselves to the care of those who, whether soldiers or civilians, require treatment for mental trouble. The Department of Soldiers' Civil Re-establishment is preparing to send social workers from all over Canada to take the course, and, besides this, there is already evidence that other institutions will send workers to add the necessary element to their previous training. The Department of Social Service has already considerable evidence of the general interest which is taken in a development along these lines.

As to the nature of the course, the training which it provides falls into three parts, the first consisting in lecture courses, dealing with the fundamental principles, in the light of which practical problems of mental deficiency must be met. These courses are:

1. *Psychiatry*: in which the various forms of mental defici-

ency and disease, fallacious sense perception, etc., are explained, and the relation of social work to psychiatry by way of clinical demonstration, examination and case taking, outlined.

2. *Social and Economic Problems*: a course in which some of the underlying economic conditions which bear so directly upon problems of mental health and disease are discussed.
3. *An Introduction to Psychology*: in which the primary concepts of psychological analysis are defined, followed by a special application to mental tests, such as the Binet-Simon scale, with revisions.

The second part of the training consists of a series of courses dealing with the methods by which the problems of mental health and disease are treated in practice, together with such associated courses as are the necessary equipment of the social worker. Accordingly, there is a course on Case Work, dealing with the whole question of family rehabilitation and social diagnosis; a course on Social Institutions, in which the worker is initiated into the character of the many and varied institutions which take some share in community work; a course in Occupational Therapy, divided into two parts, one concerned with the principles and practice of occupational therapy and the proper application of various methods developed to meet various forms of disability, the other a class in handicraft, dealing practically with those crafts which can be carried on in institutions or at home. Besides these, a course in Child Welfare is provided; one in Home Economics, and one in Recreation. It is obvious that the social worker who is required to superintend the home life of a family, where mental treatment is required, should be equipped by knowledge of these latter subjects.

The third part of the training consists in Field Work and visits of observation. All through the course the practical end is being kept directly in view, and, accordingly, for all students entering upon the work a minimum of ten hours per week is required in direct practical experience in the activities of various institutions, such as the Psychological Clinic, Public Health Department, the Invalided Soldiers' Commission, and other welfare institutions. Visits are also arranged to a considerable number of institutions which are not in the position to provide definite field work for the students.

Various members of the staff of the Department of Social Service, including the Director; Dr. C. K. Clarke, Dr. C. M. Hincks and Dr. G. S. Mundie, of the Committee; Dr. E. A. Bott and Dr. E. J.

Pratt, of the Department of Psychology; Mr. N. L. Burnette and Miss Scott, of the Department of Civil Re-establishment; and a number of other experts in such fields as Case Work, Child Welfare, Home Economics, Recreation, etc., are to take part in the work.

The Department of Social Service provides excellent facilities for carrying out both class work and the practical work of the course. It is in close touch with a large number of institutions in the City of Toronto. It has its own separate building, well equipped for the purpose, including also a library, which is the best of its kind in the country.

The fee for the full course, which extends from April 22nd to June 20th, is \$10.00. Applications should be made to the Secretary of the Department of Social Service at the University, from whom a special bulletin dealing with the course and any further information can be obtained. A special certificate will be issued to all who, having taken the full time work of the course, shall have qualified themselves by attendance, field work and such other tests as the Department arranges.

In conclusion, we have here a new experiment in the way of training, nothing of the same kind having hitherto been provided in this country, and little in any country. The interest which is being taken augurs well for the success of the scheme, and its success should lead to the further development of one of the most important aspects of social service.

SUBNORMAL INTELLIGENCE AS AN EDUCATIONAL PROBLEM.

BY PETER SANDIFORD, M.SC., PH.D.

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THE problem of subnormal intelligence is a part of the greater problem of mental variation in general. Subnormal intelligence causes permanent mental retardation just as supernormal intelligence, under favourable circumstances, causes permanent mental acceleration. It must not be assumed, however, that all mental retardates are of subnormal intelligence; environmental factors may cause even those of supernormal intelligence to become retarded. In the latter case the retardation is permanent, no amount of education sufficing to overcome nature's defect.

The task of helping successive generations of students to a comprehension of the significance of mental variation I have found to be almost an insuperable one. Modern schools seem to be run on the erroneous assumption that all children are alike in intelligence. All children must write alike; all children must get four sums right out of four; all children must write compositions without errors in spelling. The system of promotion in classes, whereby all are promoted at the end of a given period, also emphasizes the misconception. The fact that intelligence in any unselected group of children is distributed according to the normal surface of frequency is realized by few. Some students have a vague conception of children as brilliant, normal, or dull, but that is all. And what is true of students is true of the public at large. Nothing but good can come of serious attempts to teach people that intelligence is exhibited in a continuous gradation; that the lines of demarcation between groups such as idiots, imbeciles, morons, and backwards are difficult to draw, are artificial and decided only by convenience; that intelligence is innate and cannot be increased by teaching or diminished by the lack of teaching; that individual differences in traits or groups of traits are of greater importance to the community than individual likenesses.

Intelligence is easy to discern, hard to define, and very hard to test. Stern defines it as "the general capacity of an individual consciously to adjust his thinking to new requirements; it is general

adaptability to new problems and conditions of life." Binet's conception of intelligence emphasizes three characteristics of the thought process: (1) its tendency to take and maintain a definite direction; (2) the capacity to make adaptations for the purpose of attaining a desired end; and (3) the power of self-criticism.

Whether we regard intelligence as a combination of many minor special intelligences in close correlation (Thorndike), or as a common central factor of cortical energy which may be directed at will into any given channel (Spearman), the fact remains that in testing it, tests of many varieties must be given, and that in estimating it the achievements of pupils of the same age must be the standard of measurement. These two criteria the Binet-Simon tests fulfil. If, however, we say that a child testing three years below age is feeble-minded, our mental diagnosis cannot but be crude. Who can say positively that the three years from four to seven are the exact equivalent of the three years between ten and thirteen?

The introduction by Terman of the Intelligence Quotient defined as the ratio of the mental age, as discovered by intelligence tests, to the chronological age of the child is an important modification. Here normal intelligence has an I.Q. of 100. Shading away in both directions are the increasing I.Q's. of the supernormals and the decreasing I.Q's. of subnormals.

An I.Q. of 70 or less is that of a feeble-minded person; an I.Q. of 140 or more is that of a "near" genius or genius. The continuous range of the I.Q. corresponds to the continuous gradation of intelligence.

It should be noted, however, especially now that intelligence tests are being used by anybody and everybody, the judicious and injudicious, that although intelligence is native and does not vary with age, its exhibition under testing may vary. Coaching in intelligence tests is very easy and may lead to erroneous diagnosis. This difficulty may be overcome by using a variety of standardized alternative tests. The difficulty of language, so prominent in the Binet-Simon tests, may also be overcome by the substitution of standardized performance tests in which language plays no part.

The use of intelligence tests has shown that teachers invariably overestimate the intelligence of dull pupils, and underestimate the intelligence of bright pupils. There is a crowding, as it were, of pupils into a narrower compass for intelligence than the facts justify. In the same way teachers are more prone to keep bright pupils back than they are to advance them. They are sceptical of genius. If the contention that intelligence is distributed according to the normal surface of frequency be true, there ought to be just as

many pupils accelerated in grade as there are pupils retarded in grade, but on the North American continent there are ten pupils below grade for every one above.

In an M.A. course for teachers held during the present session at the University of Toronto these permanent biases of teachers were illustrated again and again. A boy of fourteen with an I.Q. of 58 was found to be in the Junior Third. He ought to have been in the Junior Second or lower. Another boy of ten, when tested, obtained an I.Q. of 140, that is, his true mental age was fourteen. He could do the work of first or second year High School with comparative ease, yet his principal thought he was doing remarkably well by the boy in allowing him to be in Senior Third. There is no doubt that the extension of knowledge of mental tests will lead to a more scientific grading of pupils in the future.

Subnormality in intelligence creates an educational problem that, proportionately, is much greater than the number of pupils exhibiting it would seem to warrant. To say that at least one to two per cent. of the school population is feeble-minded is simply to state a fact. But it should never be forgotten that these one to two pupils out of every hundred cause more trouble than the remaining 98 to 99. They are the ones who break teachers' hearts and cause grey hairs to come prematurely. They are, unfortunately, only too frequently the moral as well as the intellectual sore spots of the class.

Before passing on to describe the kind of education which should be given to the feeble-minded, their mental and physical characteristics will be summarized.

Feeble-minded children often show the physical stigmata of degeneration—defects in the size and shape of the head, deformities of the external ear, deformities connected with the eyes, palate, and jaws—but these are not invariably present and normal children may exhibit them also. They tend to be undersized (Lapage) and Norsworthy found that their body temperature was, on the average, below normal. This latter defect, which has been confirmed by many observers, may have an important bearing upon their mental capacity.

With regard to mental characteristics, the feeble-minded exhibit poor memory powers, a general sluggishness, and a lack of delicacy in sensory discrimination. They love to live a life of mental torpor since mental activity is difficult for them. The higher forms of reasoning and judgment are beyond them; they cannot make tools of ideas. Though they are inferior in movement, many can be taught certain dexterities with comparative ease. The power of

attention in the feeble-minded is very weak. From the apparent interest in stories which they exhibit this does not always appear to be the case, but subsequent questioning will prove the truth of this statement. In ordinary schools the tendency towards wool-gathering tends to increase since the mental tasks are hopelessly beyond them and they are so far outstripped by their fellows that they lose all interest in school tasks. Knowledge therefore is acquired with great difficulty by the feeble-minded and is soon lost. These general statements do not preclude the possession of some special power like drawing, music or even rote-memory in a few exceptional cases.

Since the feeble-minded are chronically immature any scheme for their training and education must take account of this condition. A good plan provides first of all for a graded training of the sensory powers; secondly, for a large amount of manual work; and, thirdly, for a vocational training (which can only be fully developed in residential schools and colonies) to fit them eventually to earn their own livings, partially if not entirely. Experience has shown that the efforts made to bring up the mentally defective children to standards acceptable in ordinary schools in reading, writing, and arithmetic, are not only unprofitable, but are not suited to their needs. Some work in the three R's may, of course, be undertaken, but the emphasis should be placed upon nature study and observation work, physical exercises and games, drawing and manual work. The methods employed vary with the individual undergoing the training, but the concrete should predominate. To prevent the flagging of interest continual re-classification is necessary even in the elements of mental tasks. In drawing, crayon and brush-work much greater success can be achieved. Where industrial training is added for older children great benefits are derived. The girls may be taught needle-work, laundry-work, and cookery. The boys may be taught carpentry, boot-making, metal-work, tailoring, gardening, and agricultural work, including the care and management of horses, cows and poultry. For pupils who cannot make headway with the three R's the manual and industrial elements in the curriculum should be increased, providing that it is possible to make them industrially useful. Continuous supervision of the pupils is essential, since the feeble-minded are frequently so unreliable morally as well as mentally.

If such educational facilities are provided the most will be made of the feeble intellectual powers of the subnormals classed as feeble-minded or morons. The educational problem will, in a large measure, be solved, but it must never be forgotten that the larger social

problem still remains, namely, that of cutting off the natural increase of this class at the source. And until the latter problem is solved the educator's task will be simply that of Sisyphus—a never-ending and unprofitable one.

THE FIRST YEAR OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

ORGANIZATION.

The Canadian National Committee for Mental Hygiene was organized in Ottawa on April 26th, 1918.

PURPOSES.

In the Constitution adopted at the Organization Meeting the purposes of the Committee were outlined as follows: "To work for the conservation of mental health and for improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency, and for the prevention of these disorders; to conduct or to supervise surveys of the care of those suffering from mental diseases or mental deficiency; to co-operate with other agencies which deal with any phases of these problems; to enlist the aid of the Dominion and Provincial Governments and to help organize and aid affiliated Provincial and local Societies or Committees for Mental Hygiene."

SALARIED STAFF.

The Committee realized that it was necessary to employ a salaried staff for the proposed work, and therefore secured the services of three mental specialists, four social workers, four stenographers, and a bookkeeper. An office was opened at 143 College Street, Toronto, and another at 121 Bishop Street, Montreal.

WORK ACCOMPLISHED BY THE COMMITTEE.

(1) *Survey of the Province of Manitoba.* At the request of the Public Welfare Commission of the Manitoba Government the Committee conducted a survey of that province in the autumn of 1918. The study included such considerations as the following:

(a) The number of insane, feeble-minded, and epileptic in the province.

- (b) The present method of treatment and care of such cases.
- (c) A scrutiny of the laws pertaining to mental abnormals.
- (d) The effect of mental abnormals on society.
- (e) Recommendations concerning improvement in the methods of dealing with the whole problem of mental abnormality.

At the conclusion of the study, the Committee made an elaborate report, and presented it to the Public Welfare Commission, with the result that enabling legislation was passed at the last session of the Legislature to put the Committee's recommendations into force.

(2) *Other Provincial Surveys.* A request has come from the British Columbia Government for the Canadian National Committee to make a survey of that province similar to the one conducted in Manitoba. Arrangements have been made to begin the study in British Columbia in June, 1919.

(3) *Psychiatric Studies in Toronto.*

*(a) Psychiatric Out-door Clinic attached to the Social Service Department of the Toronto General Hospital. A Psychiatric Out-door Clinic is being conducted by the Committee at the Toronto General Hospital. This Clinic is under the direct supervision of Dr. C. K. Clarke, Medical Director of the Committee, and has studied over five thousand cases. Valuable data has been collected concerning the prevalence of mental abnormality in Toronto, and its relationship with such social problems as crime, juvenile delinquency, prostitution, etc. One of the practical results following this work has been the decision of the Toronto City Council to make provision for several hundred feeble-minded children in a training school on a farm, within a few miles of the city limits. One hundred and fifty thousand dollars has already been voted for the purpose. It is interesting to note that the staff of the Clinic consists of three psychiatrists, three psychologists, one bio-chemist who is making studies in metabolism, two social workers, and three stenographers. The number of cases studied weekly is between thirty and sixty.

(b) Mental Survey of Toronto Public and Separate Schools. During the last two years twenty thousand Toronto school children have been studied from the psychiatric standpoint by two members of the Committee attached to the Department of Public Health. Arrangements have just been completed for Dr. C. K. Clarke and two social workers employed by the Committee to re-examine suspected cases of mental abnormality in Toronto Schools. This work

*The Clinic was inaugurated in April, 1914, but has been directed by the Canadian National Committee since April, 1918.

will be under the auspices of the Canadian National Committee, and will include not only a mental examination, but a careful investigation of environment, family history, pre-school history and school history of each case.

(c) Study of such Toronto institutions as the Alexandra Industrial School for Girls, the Victoria Industrial School for Boys, Industrial Refuge, Children's Aid Shelter, etc. The various Toronto institutions caring for delinquents and dependents are receiving the attention of the Committee. In several of these organizations every inmate has received a mental examination. As one result, the Provincial Government is now considering ways and means of providing more adequate accommodation in separate institutions for mental abnormals.

(4) *Psychiatric Studies in Montreal.*

(a) Psychiatric Out-door Clinic at the Royal Victoria Hospital. The Canadian National Committee has been instrumental in organizing an Out-door Mental Clinic at the Royal Victoria Hospital. This Clinic is modelled somewhat after the Psychiatric Clinic of the Toronto General Hospital, and is being conducted by Lieut.-Col. C. K. Russel, chairman of the Executive of the Canadian National Committee; Dr. Gordon S. Mundie, Associate Medical Director of the Committee; Dr. A. G. Morphy, a member of the Committee; a social worker and stenographer in the Committee's employ.

(b) Social Service in connection with Longue Pointe Asylum, Montreal. The first demonstration of the value of social service in connection with a Canadian hospital for the insane is being made at the expense of the Committee at Longue Pointe Asylum. A trained social worker is being employed, and she will be under the direct supervision of one of the Committee's members—Dr. A. H. Desloges, General Superintendent of Hospitals for the Insane of the Province of Quebec.

(5) *Work for Returned Soldiers Suffering from Mental and Nervous Disease.*

Some five thousand soldiers have been returned to Canada suffering from mental and nervous disorders. The treatment of these men constitutes a most serious and difficult problem for such bodies as the Department of Soldiers' Civil Re-Establishment and the Canadian Army Medical Corps. Since its organization in April, 1918, the Committee has been rendering valuable assistance to the Federal bodies mentioned in connection with this problem.

On the recommendation of the Canadian National Committee, the Department of Soldiers' Civil Re-Establishment adopted the policy of inspecting all hospitals for the insane caring for military

cases. To date, the Medical Director of the Committee, and Miss Marjorie Keyes, one of the Committee's social workers, in co-operation with Capt. Farrar, inspected all hospitals for the insane in the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia. In the near future the work will be extended to the other provinces. This inspection was inaugurated because it was known that hospitals for the insane in Canada were, for the most part, giving soldiers merely custodial care. Under such circumstances recovery was jeopardized. It is believed, however, that as a result of the present inspection, hospital conditions will be improved throughout the country. This, of course, will prove beneficial not only to military patients, but to civilian patients as well.

The Committee requested the Department of Soldiers' Civil Re-Establishment to employ social workers trained in the methods of Mental Hygiene, to follow up discharged military cases from hospitals for the insane. This recommendation was made because experience has demonstrated that intelligent social service of the kind described assists in the prevention of relapse, and materially aids in the rehabilitation of mental cases.

The Department adopted the recommendation of the Canadian National Committee with regard to the employment of social workers, on condition that the Committee would provide a course of training for their staff. The Committee met the requirements in this regard, and has instituted a two months' course that will commence on April 20th next. In addition to some thirty-four students that are being sent by the Department of Soldiers' Civil Re-Establishment, it is probable that many others will come from all parts of Canada to avail themselves of the opportunity of the course.

The Committee approached Surgeon-General Fotheringham and requested that the C. A. M. C. should employ trained mental hygiene social workers in connection with the various neurological units. This measure was urged because it was felt that such workers would be valuable in assisting examining boards, and because they could furnish needed information with regard to the previous history of military cases. Surgeon-General Fotheringham complied with the request, and at the present time two workers are employed, one in Toronto and the other in Montreal. These workers are primarily under the direction of the Canadian Army Medical Corps, but are supervised by the Canadian National Committee for Mental Hygiene. Such an arrangement was made at the express request of General Fotheringham. The work has proven so valuable that it is probable it will be extended to all parts of

Canada.

(6) *Work in Connection With Immigration.*

The Committee realized that the problem of mental abnormality in Canada could never be solved until there was instituted efficient machinery to bar out from this country immigrants who were mentally and nervously unfit. To demonstrate the results of a faulty immigration system in the past, the Committee is collecting significant facts in the various provinces of Canada. In Manitoba, where a survey was conducted, it was discovered that the feeble-minded, insane, and psychopathic of that province were recruited out of all reasonable proportion from the immigrant class, and it was also found that these individuals were playing a major role in such conditions as crime, juvenile delinquency, prostitution, illegitimacy, spread of venereal disease, pauperism, certain phases of industrial unrest, and primary school inefficiency. Such facts as these will no doubt demonstrate to the Federal authorities the need of reform in methods of immigration inspection, and the Committee intends to conduct studies in the other provinces of Canada in order that the true state of affairs may be revealed. This will be done because it is believed that the authorities at Ottawa are desirous of knowing the facts, to enable them to provide suitable measures that will overcome the defects of the past.

In connection with immigration, the Committee is prepared to make a careful study of the present methods of inspection, and to make recommendations to improve the same. In order that this may be done intelligently, the Committee will request the sanction of the Department of Immigration and Colonization to conduct studies in England and other European countries, on steamships, and at Canadian ports of entry. Such a service should be of immense value because the Committee will employ for the work skilled mental specialists, who, in addition, are familiar with the immigration problem.

It is probable that in any system of reform adopted by the Minister of Immigration and Colonization there will be an initial need for the employment of trained psychiatrists at ports of entry. To meet this need, the Committee is prepared, in conjunction with Canadian universities, to provide suitable courses of training for men chosen by the Department, and for those already in Government employ. This training will involve didactic lectures in psychiatry, demonstration of the various types of mental abnormality, and instruction in diagnosis and mental testing.

(7) *Work in Connection with Medical Education, Educational Publicity, Etc.*

Believing that mental abnormality will never be prevented and controlled in this country unless medical men are trained in psychiatry, and unless the general public is informed concerning the general principles of mental hygiene, the Committee has conducted a campaign in this regard. To date it has been possible to secure the co-operation of two medical schools, and in these institutions better training will be provided in psychiatry. The work will be continued until every medical school in Canada gives the study of mental disorders a fair place in its curriculum.

As far as educational publicity is concerned, the Committee is conducting an educational campaign through the press of Canada. The Medical Director is writing a series of articles for Canadian newspapers, and already a number of these have appeared. In addition, arrangements have been made for the publication of a quarterly journal, to be designated "The Canadian Journal of Mental Hygiene."

A mailing list has been compiled, consisting of the names of various leaders of public opinion in Canada who are interested in the subject of Mental Hygiene, and arrangements are being made to mail to these individuals, at frequent intervals, reprints of suitable articles pertaining to the subject.

(8) *Work Among "Normals" and "Super-Normals."*

It is the desire of the Committee to extend the Mental Hygiene Movement in Canada to a consideration of problems in the realm of the normal and super-normal. This will probably involve studies that might be designated Industrial Psychology, Educational Psychology, Psychology of Recreation, and Psychology of Super-Normal School Children. Arrangements have been made to begin at once investigations in the realm of Industrial Psychology, since a grant of a thousand dollars is available. It is probable that the other contemplated studies will be commenced in the near future.

Research in Industrial Psychology will include an attempt to classify individuals according to their suitability for certain tasks, the introduction of the element of interest in previously humdrum, uninteresting occupations, and an attempt, through psychological considerations, to bring employees and employers together with a greater appreciation and better understanding of one class for the other.

(9) *Library.*

The Committee has considered it prudent to establish a library containing literature pertaining to the subject of Mental Hygiene. An initial appropriation of two hundred dollars has been set aside for this purpose, and already much valuable material has been

secured. As time goes on the library will be enlarged, and will be at the disposal of students interested in the subject. Numerous requests for literature have already been made to the Committee, and the library service afforded seems to be appreciated.

(10) *Bureau of Statistics.*

A useful activity of the Committee consists in the collection of statistics pertaining to the insane, feeble-minded, and epileptic of Canada and the United States. Numerous requests come from all over Canada for information such as is being collected in the Statistical Department, and it is the hope of the Committee to still further extend this field of usefulness.

FINANCE.

The Canadian National Committee for Mental Hygiene has in the past been supported entirely by voluntary contributions. To date, approximately \$60,000 has been subscribed by public-spirited Canadians—the subscriptions for the most part covering a period of three years, *i.e.*, one-third to be donated each year. This insures an annual budget of \$20,000, but since the programme of the Committee requires for its accomplishment at least \$40,000, it will be seen that an additional annual grant of \$20,000 is urgently needed.

TYPE OF ORGANIZATION.

The Constitution of the Committee calls for a membership of approximately 120, with the stipulation that one-third must be recruited from the medical profession. The remaining two-thirds are chosen from recognized leaders in the Dominion and are thoroughly representative of all parts of Canada. Although the Committee assists Governments in dealing with the various problems of Mental Hygiene, it is in no way under Governmental jurisdiction.

SURVEY OF THE PROVINCE OF MANITOBA.

In July, 1918 Lieut.-Colonel Colin K. Russel, Chairman of the Executive of the Canadian National Committee for Mental Hygiene, received a letter from the Public Welfare Commission of the Province of Manitoba, requesting the National Committee to make a study of social conditions in that Province, with special reference to the insane and feeble-minded. It was indicated that the Committee would be given a free hand in connection with the survey, and that every facility would be placed at its disposal for the purpose. The Executive, when assured that the study would be undertaken with the full sanction and approval of the Manitoba Government, instructed the Medical Director, Associate Medical Director, and Social Worker, to visit Manitoba and begin the work immediately. Some time was lost in completing arrangements, but early in October the survey was commenced, and pursued diligently until finished.

It would be impossible in a limited space to present a complete report of the Manitoba study, but the following article—"Care of the Mentally Unfit"—gives a resume of some of the recommendations. This article was compiled by the Public Welfare Commission and presented to the Manitoba Government, with the result that enabling legislation was passed at the last session of the Legislature, to put it into force.

CARE OF THE MENTALLY UNFIT.

(Recommendations of Public Welfare Commission to Manitoba Government.)

THE problem of the insane, imbecile, idiot and defective classes has been considered by your Committee and much material obtained for information and perusal.

Attached to this report are sections of the report of the Canadian National Committee for Mental Hygiene, who made a thorough survey of the Province from a mental standpoint, and therefore should be read carefully in conjunction with this report. Based upon that report and other information your Committee desire to

make the following observations and definite recommendations:

THE INSANE.

1. Hospitals for the Insane should be regarded as being on the same plane as other hospitals and no longer as mere custodial institutions.

Hospitals for the insane in Manitoba are at present organized without regard to the demands of modern science. They have neither adequate staff nor equipment to make them anything more than custodial institutions. While the Winnipeg General Hospital, for example, has seventy-two attending physicians and surgeons, and eighteen internes in addition to that of the Laboratory and Pathological Departments, the Brandon Hospital for the Insane, of approximately the same size, has only one physician. His duties are practically all administrative. In view of the fact that the diseases treated at Brandon require exceedingly skilled and close attention this lack of staff is wrong. Therefore, in placing Hospitals for the Insane on the same plane as other Hospitals in the matter of equipment and staff we consider the following to be essential:—

(a) Adequate Laboratory accommodation with facilities for complete and thorough clinical investigation should be provided at Brandon as soon as possible.

(b) Provision for proper professional care of the patients, both medical and nursing, should be made.

(c) In both the Medical and Nursing fields there should be close co-operation with all the General Hospitals of the Province.

(d) Internes should be provided as in other Hospitals and the necessity of some psychiatric training for Medical Students in Manitoba should be emphasized. This training has not as yet been developed in this Province.

2. Diagnosis of all supposed cases of insanity should in future be made by competent Psychiatrists, either at the Psychopathic department of the Winnipeg General Hospital or at the reception department which is recommended as an addition to the Hospital for the Insane at Brandon. Commitment from these reception departments to the Insane Hospitals should be made direct, and not as at present by a Magistrate through the gaols.

In this connection we must express regret that the new Psychopathic Ward, now being erected at the Winnipeg General Hospital, is not of sufficient size to meet the requirements. The need of graduate nurses in the Psychiatric services has been pointed out.

A larger Psychopathic Department would permit of the training of a larger number of pupil nurses, who might subsequently engage in this work.

3. Once diagnosis is established all insane patients should be referred to the Hospital at Brandon.

The practice of sending insane patients to institutions obviously unfit for their care cannot be too strongly deprecated. Segregation and suitable allocation from the beginning is essential.

4. On arrival at Brandon there should be a further specialized segregation with a view to appropriate occupational treatment.

5. To provide facilities for the suggested changes, re-arrangements of the present space at Brandon with some additions should be undertaken. We suggest that these should be:—

(a) Re-arrangement of the present building to provide additional wards, recreation rooms, sun rooms, and laboratory facilities, having in view the removal of the dining quarters to a separate building.

(b) The erection of a separate reception ward.

(c) The erection of centralized dining and kitchen accommodation.

(d) Adequate quarters for the staff.

(e) Occupational buildings and equipment.

These buildings and equipment need not be complicated or expensive and would include a farm colony on the cottage plan, for from fifty to one hundred patients.

(f) Special accommodation for tuberculosis patients.

The matter of diversified occupation, both from a curative and economic standpoint, cannot be too strongly drawn to your attention. Mixed farming, as opposed to grain raising, provides suitable occupation for females, as well as male patients.

6. Convalescent patients should be discharged through a central clearing station. This should be situate in the outskirts of Winnipeg, and from it there should be a gradual return to normal life.

History shows a great number of recurrences are due to too abrupt return to unsuitable surroundings, together with the total withdrawal of the supporting agencies to which the patient has grown accustomed. The establishment of a competent Social Service Department in connection with this Clearing Station is so important as to be classed as a necessity. The discharge of patients should be controlled from the Psychopathic Ward of the General Hospital and the Medical Staff should be identical.

Having outlined a plan for the care and treatment of the insane on modern, humane, and scientific lines, based on the opinions of

leading experts on the subject, your Committee feel that the outlay required will be justified on economic grounds, apart altogether from the duty which the state owes to its less fortunate citizens.

IDIOTS AND LOW GRADE IMBECILES.

1. *Humane custodial care.* The treatment of the insane is an entirely different proposition from the care of idiots and imbeciles, and the two present entirely different problems.

The one is a case of scientific treatment, the other simply a case of humane care. From the very nature of their unfortunate condition and their inability to complain, the supervision of the care of idiots and imbeciles should be continuing and thorough.

2. They should be cared for in a separate institution or in a completely isolated wing of an institution.

It has been suggested in the report of the Canadian National Committee for Mental Hygiene that a section of the present Selkirk institution could be used for this class, and we endorse this recommendation, in view of the fact that it is proposed to dedicate the balance of the institution to the care of girls of the moron type, and such of the domestic duties for the whole institution as could be done without bringing the two classes into any contact whatever, could be efficiently and economically performed by these girls, thus sustaining the principle of segregating the two groups.

CARE OF DEFECTIVES.

1. *Female Defectives.*

(a) These types, viz., female high grade imbeciles and morons could be effectively dealt with as one class, and a portion of the present Selkirk Institution used for their care, the other portion of the Selkirk Institution being used for idiots and low grade imbeciles, with a proper division of the institution to provide for segregation of the classes.

(b) Having provided for segregation we at once open the door for the intelligent use of the capabilities of these women.

In the past idiots, insane, defectives, and delinquents of both sexes have been indiscriminately herded together, thus making any sort of organized work or training impossible, and retarding rather than developing their capabilities by intelligent direction and occupation. The defective is a person who has definite powers of work and reason, and these powers can be directed and developed so that they attain some measure of self support. This idea has been given

great attention in many of the States, and the economic possibilities of this class demonstrated in a practical way in many institutions, notably at Faribault, Minnesota, and Waverley, Mass. The methods in vogue in these institutions should be closely studied and followed with whatever variation is required to meet the local conditions.

We feel confident that the installation of such a system of training and education will more than justify itself economically and effect a great improvement in the mental capacity of this class, and the present aimless harbouring of members of this class in the various institutions of the Province, to the detriment of both the Institution and the Defectives, would be done away with. This condition is one of the most serious deficiencies at present existing, and negatives the achievement of any result worth working for.

2. *Male Defectives.*

In the past male defectives have been quartered throughout various institutions. Delinquent boys have been placed in the Industrial Training School, whether defectives or not. Defectives have been placed with the insane, and idiots and defectives have been kept in the Home for Incurables. The treatment has been haphazard and unworthy of the times, and no progress has been made in bettering these unfortunates by helping them to help themselves. Provincial money has been wasted, and we have no doubt that apart from the improvement in the care of these people, money considerations alone will justify a change in policy. No more profitable investment could be made by the Province than by putting these people under controlled and intelligent management. It is in the interests of the defective as well as of society. Crime is reduced and the proportion of the defectives in the community gradually diminishes. Uncontrolled, the birth rate among defectives is fearfully high, and the influence of heredity is strong. The criminal class is largely recruited from this source.

In this connection representations should be made to the proper authorities looking to the careful and scientific examination of immigrants. From the immigrant class a surprisingly large proportion of our defectives have come.

The care of the defective class is a complicated problem with subjects of widely varied mentality and must be handled in a broad and comprehensive way.

Having already recommended that the female defectives be allotted a portion of the Selkirk Institution, it is equally necessary to control the male defectives in separate institutions suitable to the age and degree of defectiveness of the patients. The experi-

ence of the Institution for Defectives at Faribault, Minn., shows that it is possible to properly care for all classes of defectives from one administration centre, provided adequate and careful segregation is maintained.

We would, therefore, recommend:—

1. That the present Industrial Training School should be set aside for the care of juvenile male defectives properly classified.

2. That controlled from the same institution accommodation might be provided for juvenile delinquents adequately and completely segregated from the juvenile defectives, who are not delinquents.

3. A colony of adult male defectives should be established at a safe distance from the main building, but controlled from it, with suitable outlets for industrial energies and pursuits. Experience shows that such a colony could be maintained at a surprisingly low cost.

4. Activity should be provided for all these classes. The children should be taught up to the limit of their mental capacity. While mostly incapable of originating or planning work, many of this class acquire a high degree of manual dexterity. Facilities should, therefore, be provided for their training along certain suitable lines of modern industry. The adult defectives in addition to being capable of participation in industrial pursuits would also be fitted for agricultural and farming work in the colony. The importance of keeping these people regularly employed cannot be too strongly impressed upon you.

In the foregoing we have endeavoured to outline a programme for the adequate housing, classification, segregation, education and employment of the insane, idiot, imbecile, and mentally defective.

We must further point out that no matter how thoroughly this is done, nor how careful the installation of a proper system may be, the most important requirement follows after, and that is the employment of capable and efficient people for the conduct of the work in these various institutions. Personnel is the important factor. Too much stress cannot be laid upon the requirements of character and training of those in charge of the people of these classes. Not only must those in charge be capable, but their assistants must understand the dignity and importance of their work. To insure continuity of efficient services, competent training, special education, and suitable remuneration with proper living quarters should be provided for those to whom the Province commits the destinies of its most unfortunate and afflicted citizens.

NOTES AND NEWS.

IMPORTANT CONFERENCE OF PUBLIC HEALTH OFFICERS, FEBRUARY 3rd, 1919.*

THE first steps toward the organization of a Social Hygiene programme for Canada were taken, when representatives of a number of the Provinces met in Ottawa at the call of the Acting Premier, Sir Thomas White, to discuss legislation for the control of Venereal Diseases.

This important conference was brought together at the suggestion of the military authorities. Each Province was invited to send its chief health officer.

While some of these were unable to be in attendance, those provinces which could not send representatives sent telegrams expressing their regret, as well as their cordial sympathy with the objects of the conference.

Those present were:—

Hon. J. A. Calder, Minister of Immigration and Colonization.

Major-General J. T. Fotheringham, D.G.M.S.

Dr. P. H. Bryce, Chief Medical Officer, Dept. of Immigration, Ottawa.

Dr. Gordon Bell, Provincial Health Officer, Manitoba.

Dr. Geo. G. Melvin, Chief Medical Officer of Health, New Brunswick.

Capt. Gordon Bates, Toronto.

Hon. Wm. F. Roberts, Minister of Health, N.B.

J. W. S. McCullough, Lt.-Col., C.A.M.C., Chief Officer of Health, Ontario.

Hon. W. D. McPherson, Provincial Secretary, Ontario.

Wm. Hutchinson, Major, C.A.M.C., Montreal.

Dr. J. A. Hutchinson, President, Canadian Public Health Association, Montreal.

Dr. Elzear Pelletier, Secretary, Superior Board of Health, Que.

Dr. A. H. Desloges, General Medical Superintendent of the Insane, Quebec.

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Dr. Arthur Simard, President, Superior Board of Health, Quebec.

Dr. M. M. Seymour, Commissioner of Health, Sask.

Mr. Vincent Massey, who acted as Secretary to the Conference.

The chair was taken in the morning by the Hon. J. A. Calder, and in the afternoon by Hon. W. D. McPherson, Provincial Secretary of Ontario. At the morning session, the Conference was addressed by Major-General J. T. Fotheringham, D.G.M.S., Major Wm. Hutchinson, C.A.M.C., and Captain Gordon Bates, C.A.M.C., Toronto.

During the afternoon session, an important discussion took place in which the many aspects of the question were dealt with. The following resolutions were passed:

"Whereas in the 'Reconstruction of Canada' following the great war, there are very many important problems that must be taken into consideration such as Finance, Soldiers' Re-establishment, Labour, etc., among these the conservation of the health and lives of the people is equally if not most important to be dealt with—as life is the country's greatest asset.

"Therefore, resolved that this Conference whose personnel is made up by representatives from the various Provincial Governments of Canada, together with their Chief Medical Officers, assembled at Ottawa this Third Day of February, 1919, at the call of the Acting Premier, the Honourable Sir Thomas White, for consideration of the Venereal Disease question, do memorialize the Government of Canada that it is in the interests of the future health and life of the Citizenship of Canada that there should be immediately established a Federal Department of Health."

"That the representatives of the several Governments and Health Departments of the Provinces of Saskatchewan, Manitoba, Ontario, Quebec, and New Brunswick assembled in conference, at the call of the Acting Premier of Canada, are agreed, subject to the consideration of the governments of the respective provinces, that the following general principles are necessary in any provincial legislation looking to the prevention and control of Venereal Diseases in the said Provinces:

- (a) Compulsory notification.
- (b) Compulsory treatment.
- (c) Standardized treatment.
- (d) Authority to examine persons suspected of being affected with Venereal Disease.
- (e) Prevention of quack treatment, quack remedies, and of the advertising of such treatment and remedies.
- (f) Right of entry of Public Health authorities.

- (g) Prevention of Infection.—See Ontario Act, Sec. No. 8.
- (h) Power to make regulations by Order-in-Council.—Sec. 13, Ontario Act.
- (i) Liability of Municipalities or Local Authorities.—Sec. 14 (1) Ontario Act.
- (j) Penalties.—Sec. 13 (j) Ontario Act.

“That the Criminal Code of Canada be amended so that a person who is suffering from Venereal Disease in a communicable form, who knowingly or by culpable negligence communicates such Venereal Disease to any person shall be guilty of a criminal offence.

“Provided that (a) a person shall not be convicted under this section if that person proves that he or she had reasonable grounds to believe that he or she was free from Venereal Disease in a communicable form at the time the alleged offence was committed, and (b) no person shall be convicted of any offence under this section upon the evidence of one witness unless such witness be corroborated in some material particular by evidence implicating the accused.

“In view of the fact that the Government of Great Britain supports the treatment of Venereal Disease in the proportion of 75 per cent. to that of 25 per cent. paid by the local authorities this conference respectfully urges upon the Government of Canada, to provide financial assistance to the provinces on a scale similar to that in Great Britain, for the treatment of these affections.”

“That this conference suggests that all seamen coming within the purview of the Immigration Act be examined for freedom from Venereal Diseases before being allowed ashore at Canadian seaports.”

“Whereas the successful control of Venereal Disease depends among other factors upon facilities for the free or readily available and adequate treatment of these diseases, and.

“Whereas the cost of one of the remedies for the cure of Syphilis, viz., Salvarsan, and remedies of that character, is excessive, and

“Whereas the production of this remedy in Canada is monopolized by two persons or firms, who have been licensed to carry on such production;

“Therefore, be it resolved, that this conference do respectfully recommend that the Government of Canada shall give the right of production of Salvarsan or other remedies of this nature to any person or firm or corporation satisfying the head of the Health Department of any Province, or in the event of the establishment of a Federal Department of Health of the Head of that Department

of his or their ability to successfully produce a satisfactory product of this kind."

"That it is the feeling of this conference that a further meeting representative of social agencies should be called to discuss the constructive social measures which may be undertaken to combat the existence of Venereal Disease in the Dominion."

"That legislation be made to prevent the advertising, selling, or giving of quack medicines to cure Venereal Disease."

While no formal resolution was passed it was the strong feeling of the conference that legislation dealing with Venereal Disease to be effective should be supplemented by the further development of the machinery necessary to enforce it."

**EXTRACT FROM AN APPRECIATION OF THE CANADIAN
NATIONAL COMMITTEE FOR MENTAL HYGIENE, AP-
PEARING IN MARCH 8TH ISSUE, WESTERN
WOMAN'S WEEKLY.**

IT is an ill wind that blows nobody good," and it would seem that out of the colossal destructiveness caused by the Great War has sprung forth a spirit of constructiveness which bids fair to revolutionize society and to raise it to standards of sound idealism undreamed of in pre-war days. Particularly is this the case in questions relating to public health and public morality. On the one hand the loss of life has been so staggering and on the other the mental conditions arising from shell-shock have been such as to arrest the serious consideration of an awakened world public to the physical and mental welfare of citizens generally.

A movement of great magnitude which promises to place Canada amongst the foremost nations of the world if the ideals aimed at are realised, is that which is now being instituted on a large scale by the Canadian National Committee for Mental Hygiene, a committee of some of Canada's eminent business and professional leaders, men and women, which was formed in April last year and which is now actively engaged in formulating a broad health programme for the benefit of our country.

It has been launched under most favorable auspices, with their Excellencies the Duke and Duchess of Devonshire as patron and patroness. The President is Lt.-Col. Charles F. Martin, M.D., of Montreal, who is ably assisted by a body of officers consisting of

some of the most prominent men of Canada. The Canadian National Committee for Mental Hygiene is financed entirely by its own membership. The work during the year 1919 will cost upwards of \$30,000, for the single purpose of inspection and research work. It will be money spent in the grandest cause of to-day—that of raising the standard of public health to a point of efficiency which will, in the natural order of things, elevate the moral and ethical standards of life.

ACCOUNT OF THE ELEVENTH ANNUAL MEETING OF THE (U.S.) NATIONAL COMMITTEE FOR MENTAL HYGIENE.

New York, February 5th.

AT the eleventh Annual Meeting of the National Committee for Mental Hygiene, held at its headquarters in this city this afternoon, it was announced that a gift from Mrs. Elizabeth Millbank Anderson, of New York, had been received for use in initiating the work of the International Committee for Mental Hygiene now in process of organization. This international movement is an outgrowth of the work of the National Committee founded ten years ago by Mr. Clifford W. Beers, author of "A Mind That Found Itself." At the meeting Mr. Beers outlined the possibilities of the international mental hygiene movement and announced that the initial gift received would enable the Medical Directors and the Secretaries of the American and Canadian National Committees to go to England and possibly to France and Italy, to organize similar agencies when the representatives of the countries mentioned who will be appointed to membership in the International Committee desire such assistance. Mr. Beers pointed out that the International Committee might be able later to help bring into existence in the various countries national institutes for mental hygiene which could do many things that the National Committee themselves are not organized to do. Such institutes would serve as centres for research and study and would supply information greatly needed by the National Committees in their work. Dr. C. K. Clarke, Medical Director of the Canadian National Committee, and Dr. C. M. Hincks, Secretary of that organization endorsed the statements of Mr. Beers and described the important results achieved by the Canadian National Committee during the past year. Their addresses showed how greatly needed are similar organizations in all countries.

Dr. Walter E. Fernald, of Boston, the leader on the problem of

feeble-mindedness in this country, told of the need for intensive and extensive work in this field, especially with reference to education and the provision of institutional care for the feeble-minded.

Dr. Charles L. Dana, of New York, described the War Work of the National Committee, relating to the cases of nervous and mental disorders in the Army at home and abroad. Dr. Dana stated that as a result of the mental examination of recruits, 56,000 men were rejected on account of mental or nervous disabilities. A summary of the results obtained in France in the treatment of war neurosis (shell shock) was presented, showing that the treatment of this prevalent disorder had been developed to a high state of efficiency under the direction of Col. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene.

The following officers of the National Committee were elected:

President, Dr. Walter B. James, New York; Vice-Presidents, Dr. Charles W. Eliot, Dr. Bernard Sachs, New York; Dr. William H. Welch, Baltimore; Treasurer, Mr. Otto T. Bannard; Medical Director, Dr. Thomas W. Salmon; Associate Medical Director, Dr. Frankwood E. Williams; Secretary, Mr. Clifford W. Beers; Psychiatrist in charge of Mental Deficiency Work, Dr. V. V. Anderson; Chairman of the Executive Committee, Dr. William L. Russell; Chairman of the Finance Committee, Dr. Walter B. James, of New York. The persons elected to membership in the National Committee were: Hon. Harry V. Osborne, Judge of the Court of Common Pleas, Newark; Miss Maude E. Miner, Secretary, New York Probation and Protective Association, New York City; Mr. Francis D. Gallatin, New York; Dr. Bernard Sachs, New York; Dr. H. Douglas Singer, Kankakee, Illinois.

There were many prominent people present at the meeting, among them being Mrs. E. H. Harriman, Miss Mabel Choate, Mrs. Henry Phipps, Mr. Otto T. Bannard, Dr. Abraham Jacobi, of New York; Col. Colin K. Russell, of Montreal; Dr. C. K. Clarke and Dr. C. M. Hincks, of Toronto; Dr. J. D. Pagé of Quebec; Dr. Henry Stedman, of Boston; Dr. G. Alder Blumer, of Providence; Dr. George Blume, of New Haven.

INVESTIGATION OF ROYAL COMMISSION INTO THE EXISTING METHODS OF DEALING WITH MENTAL DEFECTIVES IN ONTARIO.

IN 1917 Mr. Justice Hodgins was appointed by the Ontario Government as a Royal Commissioner under the "Public Inquiries Act" to consider and inquire into the present methods of dealing with

imbeciles, feeble-minded and mentally deficient persons in the Province with power to suggest amendments to existing legislation or other measures which will in his opinion improve conditions.

To date Mr. Hodgins has held sittings in Hamilton, Ottawa, and Toronto in connection with the above inquiry. Evidence was submitted in Toronto by Dr. Helen MacMurchy, Dr. Harvey Clare, Dr. C. K. Clarke, Dr. C. M. Hincks, Miss Lucy Brooking, Colonel A. E. Farewell, Mrs. Mary E. Laughton, Mrs. O. B. Allen, Dr. Gordon Bates, Dr. C. J. O. Hastings, Mr. W. E. Braden, Miss Caven, Dr. Mary McKenzie Smith, Mrs. Todd, Capt. Farrar, Rev. Peter Bryce, Mr. R. H. Cowley, and Judge Boyd.

In connection with his evidence Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene, pointed out that mental defectiveness was responsible for much of the vice in existence to-day, and that preventive measures could bring about widespread reforms. He stated that abnormal children might be divided into two classes, those who were mentally deficient and those who were mentally diseased. In dealing with abnormal children it was necessary to have not only a psychological but a psychiatric system of examination. Dr. Clarke deplored the fact that Ontario is lacking in proper accommodation for the classes under consideration.

Dr. C. J. O. Hastings, Medical Officer of Health of the City of Toronto, presented valuable information. He stated in part as follows: The Government considered that it was its duty to punish the criminal, and it should equally regard as its duty the prevention of increases to the criminal ranks. The fact that most criminals were mentally sub-normal made that duty plain. "My idea is to follow up the child through the public school. We should have a complete physical examination of every child on entering school, and that record should follow the child through school. Mentally defective children should be taken care of in a special institution."

In answer to a question of Mr. Justice Hodgins as to whether he was prepared to ask for the passing of a law to compel the parents to give up their children, Dr. Hastings said that a law which takes away a child for committing a crime could surely be framed to take the child and keep it from becoming a criminal. Mr. Justice Hodgins suggested that it might be found feasible to establish an institution and make it so attractive that parents would not object to giving up their children when they fully understood the reason for it. Dr. Hastings thought that that could be done. He also approved a suggestion that the colony system could be developed in connection with such an institution. At the request of the Com-

missioner, Dr. Hastings will submit his views on the division of financial responsibility between the Dominion, the Province and the municipalities, in connection with the care of mentally deficient.

Dr. MacMurchy, Provincial Inspector of Feeble-minded, traced the history of the movement from early times, mentioning important events, and dates in which institutions were formed. Mention was made of the report by the Royal Commission of 1908. She stated to what extent mental deficiency occurred in Ontario, how the presence of mental defectives affected the community as shown in the offences against public and private morals, the tests to be used in making a diagnosis, and the classification of mental defectives. Dr. MacMurchy said that about 3 out of every 1,000 people in a general community require care on account of mental deficiency.

In taking up the question of how they should be cared for, dealt with, and controlled, Dr. MacMurchy laid stress on registration, school education, the provision of experts to advise the courts, and the necessity of setting up a controlling authority.

In closing, Dr. MacMurchy described the form of legislation in Great Britain, New Zealand, Australia, South Africa, and the United States.

Dr. Harvey Clare, Superintendent of the Toronto Reception Hospital for Mental Diseases, stated that the present quarters of the Reception Hospital, in the Bickford House, Trinity College, were not adequate for existing needs, but had been occupied merely for the duration of the war. He expressed confidence that a new hospital would be built in the near future.

Every day, according to Dr. Clare, men suffering from mental troubles are picked up on the streets of Toronto and sent to the Reception Hospital. Many patients are sent to the hospital only for temporary care and advice, and are later transferred to private institutions.

In reply to queries from Mr. Justice Hodgins, Dr. Clare stated that during the past year, six or seven patients from the Reception Hospital had been sent to the Orillia Hospital for the feeble-minded, and some 200 to the Provincial Asylum.

Dr. Clare expressed the opinion that legal machinery should be provided for the supervision of those individuals of mildly defective mentality, who could safely be allowed at large.

Mr. R. H. Cowley, Chief Inspector of Toronto Public Schools, said there was no special provision for the care of feeble-minded in the local school system. True, there were two ungraded classes, but these were primarily for dealing with backward pupils. He

suggested the increase of special provision for the study of abnormal development in the schools, pointing out that while only a small proportion of pupils were reported defectives upon the testimony of their failure in passing examinations, there were nevertheless very considerable numbers who failed through allied causes, described as backwardness, slowness and dullness.

Commissioner Boyd, of the Toronto Juvenile Court, said that feeble-mindedness was a very considerable factor in the work of that institution.

"The sooner the law makes it necessary for mental examination of everyone accused of crime, the better for us all," said Commissioner Boyd. He suggested further that it would be wise if the Children's Aid Society were given the authority it at one time possessed to refuse to take feeble-minded children as wards. If that were done, however, some arrangement should be made for that type of child. He described as iniquitous the amendment to the Moving Picture Act of 1915 permitting children to go to a moving picture theatre with any adult, not necessarily of the same household.

Dr. C. M. Hincks, Associate Medical Director and Secretary of the Canadian National Committee for Mental Hygiene, who has done work among children for several years, stated that in an examination of 10,000 school children he had found two per cent. unfit for ordinary school education. He outlined some of the tests which he had put into practice for mental deficiency. Considerable difficulty was experienced in dealing with foreign children who did not understand English.

The prevention of juvenile delinquency and of future adult crime was defined by Dr. Hincks as the function of a juvenile court. "The Toronto Juvenile Court," he declared, "hasn't been given half a chance. The city of Toronto is expecting the impossible, owing to the lack of equipment of dealing with mental cases. There must be adequate provision for the delinquent boy or girl, in order to protect society from them, and to protect them, if necessary, from society." The boy who commits adult crimes constitutes a serious problem for the authorities. Dr. Hincks told of having talked with a 15-year-old boy, who, with two companions, had stolen several thousand dollars worth of jewels from homes on Roxborough Drive. These thefts covered a period of only two weeks, and the boy appeared to be proud of them. Asked if he would steal again, he replied, "Not unless I need the stuff."

Going on to give figures pertaining to feeble-mindedness in the Toronto Juvenile Court, Dr. Hincks stated that in two and a half

years 761 mentally deficient delinquents had appeared on theft charges. There had been 23 unmarried mothers, under 16 years of age, in the same period; 117 charged with bodily violence, ranging up to attempted murder. Adult cases needed examination as much as did the children who appeared before the juvenile court, Dr. Hincks declared.

Account of address delivered by Major Frankwood E. Williams, Associate Medical Director, (United States) National Committee for Mental Hygiene, before the Academy of Medicine, Toronto, on January 7th, 1919, on the subject, "Mental Hygiene and the United States Army."*

WE in the United States are deeply indebted to Canada and England and other countries which were in this war long before we were. If we have succeeded in doing anything particularly well in our medical department we are more than indebted to you. We have carried out some of the ideas that members of your own medical corps had. In fact it was after consultation with the officers in the medical corps in England, and after repeated conferences with medical officers in Canada, that the plan I shall outline was adopted in the American Army. Many suggestions came from Canada. At the same time the work is an outgrowth of some ten years of work on the part of the National Committee for Mental Hygiene in the States; one of whose objects is the improvement of the condition of the care of the insane throughout the country. An effort was made by this Association to get the asylums and other institutions caring for the insane to look after their patients as they are looked after in general hospitals—particularly the acute cases; and also to send the force organized in these hospitals out into the community, where, they had come to realize, there is no greater public health problem than the problem of mental disease. It is a tremendous problem in the States. In the single State of Massachusetts there are 3,000 new cases every year—not counting those which have been discharged and readmitted. That number is increasing every year. In New York State there are 34,000 people in hospitals for insane, with 6,000 new cases every year. In Ohio—a typical middle-western State—there are 3,000 new cases every year, which means that between now and this

* Reprinted from "The Canadian Journal of Medicine and Surgery," by kind permission.

time next year 3,000 people now going about will be committed as insane. This means a tremendous amount of money expended in maintenance of these hospitals and patients, **and the most of it is sheer waste**, because the percentage of recovery is not on a par with the recoveries in other hospitals. A great portion of the expenditure is social waste; many people have come to believe that a great deal of mental disease is preventable. Mental disease has so long existed in the midst of superstition and misunderstanding, it has been neglected up to the present. But there is a group—a growing group—who are convinced that if this problem cannot be dealt with in its entirety, split up into its constituent parts it is amenable. It is proposed to improve the standard and character of these insane hospitals, making them easily accessible. At present it is more difficult to get into a mental hospital than into a gaol. Before a man is adjudged insane his malady is far advanced. The effort now is to break down this admission barrier, and make it as easy to get care, treatment, advice and suggestions in these mental hospitals as it is in any other hospital; and arrangements are being made to allow patients, who wish it, to go voluntarily to these institutions for help. A physician does not want to take his case before a judge when he knows there is a question as to the patient's being really insane; he knows the patient needs help. It is being made possible for the doctor to take his patient to these special hospitals, the only procedure being the signing of a simple statement of fact; the patient is admitted and is kept for ten days for observation and treatment. Then he may be committed, discharged, or remain in voluntarily. An effort also has been made to establish in outlying cities and towns out-patient departments at the regular general hospitals for this sort of case—psychiatric clinics to which social workers may bring cases that are troubling them, school teachers may bring pupils who are growing difficult either in the matter of discipline or backwardness, or to which parents may bring defective children; where adults may come and get advice in advance of the time when otherwise they might be committed. To these clinics will also be referred a large number of people—candidates for mental hospitals, who can be handled very fairly while outside. This sort of work leads up to the consideration of the problem of how to deal with the feeble-minded, and then into the question of juvenile delinquency and crime, vagrancy, chronic poverty and prostitution. The committee has at various times made surveys of different states respecting the feeble-minded in order to get at existing conditions. This must be done before the remedy can be indicated. At the Juvenile Court in New York a

study is being made of these problems from the standpoint of the individuality of the people who make the problem. Likewise there has been the best of work going on at Sing Sing for the last two years—a survey of the people in that institution, the point of view being that before we can handle the problem of crime or any other of these social problems it is important to know the personality and fundamental make-up of these individuals creating the problems. After all it is a problem of adjustment—life is a problem of adjustment for all of us, but it is particularly difficult for those individuals limited in mental capacity or nervously unstable that they cannot adjust at the same level or social level that is demanded of society. There is a group of people who believe that these individuals can be adjusted, that institutional life is not necessary for the feeble-minded, for all psychopathic inferiors or even for all insane, that the level of adjustment is individual and that an understanding of the individual and an understanding of the environment—the two can be put together in a reasonable way if there is a proper and intelligent supervision.

When the war came on an individual study of the so-called problem of shell-shock in the armies occurred. This Committee was naturally interested in what might happen to the American Army, composed of drafts consisting of a cross-section of the community as it existed, men suffering from tuberculosis, dementia precox, epilepsy, and such conditions as are found in a general community. After advising with medical officers in Canada and England it was decided to urge upon the Surgeon-General that an attempt be made to attack the problem before it began by culling out those individuals supposed to be unable to survive the rigors of a campaign and who would succumb to nervous or mental disease. At the reorganization of the Surgeon-General's office, at the opening of the war, the Surgeon-General planned that there would be specialties in medicine. Previous to this an army medical officer was supposed to do everything, from presiding at an officers' mess to doing the finest surgery, handling psychiatric cases or anything else. General Gorgas felt that he would get the best results if special problems were put in the hands of those who were dealing with these special problems in civil life. There were created divisions of surgery, internal medicine, tuberculosis, pathology, psychiatry, surgery of the head and of cardio-vascular work. The function of the psychiatric division was to propose to the Surgeon-General some policy for handling the problem of nervous disease in the army. The work seemed to divide itself into three parts: First, the exclusion and treatment of those who were mentally unfit; the prophylaxis of

those accepted, and the care and treatment of those who succumbed while on duty; and, finally, the care and treatment of the returned soldier who might be ill, and adjust him in his new environment. For the purpose of carrying on the work of this division a call was sent to the various neurological and psychiatric societies. They had responded by sending some 750 men trained in these branches, who were taken into the army. But it was soon apparent that the need was going to be greater than the supply. So special training classes were formed at various centres where psychiatric hospitals and neurological clinics existed, where men were given a six weeks' intensive training. It was arranged that men who had already been trained in psychiatry should attend the neurological clinics, and men who had been trained in neurology should attend the psychiatric clinics. This plan worked very well. It would have been helpful if the examining medical boards had excluded men suffering from the various neuroses and psychoses from the army; but the physicians on the draft boards were not familiar with these conditions, so there were very few stopped by the draft boards, except in the large centres; so these men came to camp. There was organized in each camp a neuro-psychiatric board, consisting of from one to ten men. All men were first examined by the neuro-psychiatrists, and admitted or excluded. These men were passed along the line, presenting themselves before all the various experts, any of whom could exclude an unfit soldier. An endeavor was made to exclude as many as possible before being sworn into the service. But that was not wholly possible, they appeared at so fast a rate. The work was difficult at first, but gradually became easier. It was found, however, that examination at the entrance to the camp was not sufficient. Examining a thousand a day, you can't get them all, even though you had a longer time. The symptoms of their psychoses might not be in evidence at the time. When a man was examined and found all right his papers were stamped, "Passed by the Psychiatric Board." The work was done so rapidly a physician wrote back and said, "The men at Jefferson are doing mighty well, but believe that instead of subscribing 'Passed by the Psychiatric Board' they should have stamped 'Glanced at by the Psychiatric Board.'" In order to pick up cases that would get by and those that would develop in the camp, there was established a camp psychiatrist, and when the camp was organized he became the division psychiatrist. This was, perhaps, the biggest "strike" that was accomplished at one time in the whole programme. It was important, we found, that this work should be done satisfactorily and supported properly; so we concluded there ought to be a repre-

sentative of neuro-psychiatry on the division headquarters staff to whom our arguments and data might be presented directly without having to pass through the hands of junior officers of low rank in the army. By some luck, such an officer was appointed to headquarters staff. Then every other specialty wanted to get on, but the psychiatrist was the only one who slipped through. This was very helpful in controlling conditions in the camp. This department was responsible for the mental health of the camp, just as the sanitary division was responsible for the sanitation. In order to acquaint the line officers with what we were trying to do, a special circular was gotten out and issued to them. Originally these mental cases were known in camp parlance as "nutty." I do say we were looking for "nuts." When this circular was issued it was found we were not only looking for nuts, but misfits—men maladapted, and who had been found impossible even after a long period of training. Had we asked these line officers if they had any insane they would have said no. If we should go and say have you any damn fool in your company or any fellows that can't keep step after all this time, or a bunch of fellows who are the butt of jokes, who are poor sticks in general, and you can't do anything with them—men who are constantly getting into all manner of difficulties—there would have been hardly a commander but had some. We did not assume that these people were necessarily defective. We looked them over and we found that quite a few were better excluded. After a company commander found that we could assist him in getting an A1 company—for every company commander wanted his to be the best in the camp—he would confess that he was having all kinds of difficulty with some of his men, who spoiled the whole thing. He couldn't get rid of them. But when we came and told him they did not belong he was relieved. The next problem was to establish centres for the treatment of those individuals who became ill. It was arranged to provide thirty-bed wards, known as neuro-psychiatric wards, in the base hospitals. It was soon found that facilities were not adequate. So the camp hospitals came to be used for temporary care and emergency treatment, using these neuro-psychiatric centres—centres of from 100 to 200 beds in connection with the general hospitals established in some area of dense military population. A case of insanity occurring in a camp or cantonment would be taken to the emergency hospital—not to guardhouse for arrest—brought for temporary care at the base hospital, where soldiers suffering from all other forms of illness are treated. There he would be treated and possibly returned home if found permanently unfit, or if he required a longer period

of treatment he would be transferred to the neuro-psychiatric centre for that region. It was an important thing to have these mental cases treated at the general hospital in this way. One new C.O., coming fresh to a camp, found 150 of this sort of patients, and immediately telegraphed Washington he wanted these "nuts" removed—a general military hospital was not a place for "nuts," and he didn't want them around. He appealed a number of times; but, failing in his appeal, he reported that if these "nuts" were to be maintained, he wanted a ten-foot wire barricade put around their building. The barricade was not built, nor was a single ward removed. At Fort McHenry the wire was bought for a barricade but was never used. These wards cannot be distinguished from any other sort of wards. There are even no guards or wire screens on the windows. And there has been no difficulty. In the Walter Reed Hospital there is an iron wire screen of a light kind on the back of one ward. But all the other wards are open. The buildings are frame and lined with paper board. The windows are all open, and all unscreened, except for flies. There's been no trouble. At first we all thought the windows should have been screened, yet we found it was not necessary. If we have intelligent men who really understand their work and their patients, and if we have competent nurses interested in and who also understand their patients, proper attendants, and plenty of occupational therapy—have them occupied and not loafing about, absolutely idle—we find no difficulty. That has been a distinct eye-opener to all of us. A new officer came to the Walter Reed Hospital and wanted to move these wards out. We allowed the matter to drift a week or so. When Col. Bailey and I talked it over with the C.O., and asked him if he wished these patients removed, he replied, "No; these are the best run wards in the whole hospital. I am surprised." When new officers come here they spend from one to ten days on the neuro-psychiatric wards, no matter what specialists they are. They go over there to learn how to run a ward. I mention this because it does show that some advance has been made in the care and treatment of the insane. I don't mean to say that all our mental wards were run upon this basis. It all depends on the particular officer in charge. The whole effort has been to get proper officers, nurses and attendants, and then to keep the patients busy. Where difficulty did occur it was where they put patients in locked wards, with nothing to do but to think of ways in which to defeat their incarceration and force their way out.

The work abroad has been under the direction of Col. Salmon. The plan has been, after following the experience of the other

countries—to get treatment as far to the front as possible. We were informed that here in Canada and in England the great difficulty was that there were no men at that time—two years ago—or very few, who understood the so-called shell-shock cases. Your men were brought back to the base hospital and referred from hospital to hospital, and finally back to Canada, by which time they were chronics—paralyzed, mute, deaf, etc., with much lessened chances of recovery. We tried to get our officers as near the front as possible and to get these men as soon after their attack as feasible. We had special base hospitals for nervous and special hospitals for mental cases. In addition there has gone over with each division a division psychiatrist; all these men were examined. He went through the training camps and to the front. He was in pretty close touch with the various individuals in the unit. As the division went into action the division psychiatrist organized his field hospitals along with the other divisions immediately back of the front, and into these hospitals the nervous and mental cases were immediately sent. At our first big fight we hadn't been organized, owing to the bickerings and difficulties incident to partial organization, and a considerable number of cases were sent back to the base hospitals. That one attack was an object lesson to those in authority, and Col. Salmon was asked to go ahead and welcome to any authority or organization he wanted. From the advanced field hospital 65 per cent. of these patients were returned to duty in thirty-six hours. Thirty-five remaining patients went to the base hospital wards. Twenty of these returned to duty in ten days. The remaining fifteen were sent to a special neuro-psychiatric hospital, and fourteen returned to duty in thirty days. We have two and a half million men over there, not all on active footing; but now that the war is over we have over 300 of these mental cases remaining on the other side, including shell-shock and insane. Other cases may develop as time goes on. We are planning for the care of the returned men. They will all pass into Virginia or New York State. Here we have a clearing house for returning patients and any patients needing mental treatment are sent to a particular neuro-psychiatric hospital, and they are gone over again, and, if all right, they can be discharged. In case a man is suffering from a neurosis he is helped along by the idea that the quicker he recovers the quicker he will get home. Many of them may relapse unless kept close track of; and so it has been found important to make treatment accessible at all times wherever they may be. The National Committee, therefore, co-operates with the Surgeon-General's office, and are planning with

the American Red Cross to have specially trained social workers who will be established at the divisional headquarters of each Red Cross division, whose duty it will be to look after the particular individuals discharged from the army in their divisions. This organization will extend out through the community with representatives competent to deal with these cases. Assistance will be gained through the co-operation of the various State mental hygiene societies and social workers. By this method we can throw a net over the country that will reach almost every town of any size in the community. If the case is a psychosis the patient may be sent to one of a number of special psychiatric hospitals throughout the country. For neurosis cases there has been established a 1,400-bed hospital at Plattsburg. At Carlyle, Pa., we have a 1,000-bed hospital, capable of being developed into a 2,000-bed institution. Since the war stopped sufficient accommodation has been found at Plattsburg. There are several hospitals for nervous cases throughout the United States. These are all general hospitals and known as number so-and-so. Another provision is found in general hospitals that take different types of cases. Returning soldiers with a neurosis or a psychosis are returned—not to the St. Elizabeth, an army and naval mental hospital—but to the general military hospital, and are not discharged until recovered (if neurosis) or until four months after disappearance of symptoms if psychosis. We prefer to make it eight months. We believe if we can maintain our patients for four months after active treatment, never letting them slump, that we can recover a large percentage of them. If a manic-depressive were sent out too soon and discharged from the army, and returned to his home, he might break out again, be sent to the State Hospital (insane), put in a back ward, where he would not be seen for several years. If he is going to get well we want him to go home well, the same as any other soldier in the army. If he is not going to get well he is sent to St. Elizabeth's Hospital, or sent to his own State Hospital, to be maintained at the expense of the Government. His family will also be looked after. With reference to precox cases—there is a large number of cases which look like precox cases, which in two or three weeks apparently recover. We don't know what the disease is. The man who has been taken into the army is presumed by law to be healthy. And if it is discovered later that he was ill when taken on, he is treated by the Government just as though he fell ill since being taken on. It has happened that men with precox or G.P.I. have slipped by the original board; and in three days have been discovered suffering from one of these psychoses. They are discharged as having been ren-

dered unfit in the service.

We excluded 56,000 men in our examinations. There were 5,000 epileptics; 1,950 simple nervous cases; 9,000 cases of psychoneurosis; mentally defective, 18,000; constitutional inferiors, 4,000. There were 12,412 treated in base hospitals. Cases of syphilis of the nervous system were common. Cases of narcotic addiction were much rarer than was anticipated.

Col. Colin K. Russel, C.A.M.C., said it was difficult for him to discuss the address: he could not criticize the work done by the United States medical service. The Canadians were rushed into the war and took everybody in so far as mental symptoms were concerned. We had no national committee of mental hygiene. The United States had 750 neuro-psychiatrists at the end of the war. Canada hadn't seven trained neurologists at the beginning of the war. He thought not more than one or two psychiatrists signed on. The United States had cleared out 56,000 culls; Canada had cleared out very few—a few imbeciles. He did not think there had been a very large number of men returned on account of these defects. We had mental defects—precox cases returned—quite a number of them; but quite a number of these carried on as soldiers and had done well, having borne their share of being gun fodder. When the war was declared, Canada had to have an army, and had to have it quick. There were no mental specialists at all. When they arrived in England they had to co-operate with the British Army, and use the British hospitals. In France they came under the R.A.M.C., who had control of everything. In 1916, following the example of the French Army, special shell-shock centres were established in the casualty clearing stations. When a man was returned from the front line for a disability which was not definite, the medical officer was not permitted to put down a diagnosis of shell-shock or anything else—merely N.Y.D.N. Such a man was sent to a shell-shock centre. He may have had paralysis of both legs, or become mute, or perhaps was trembling all over. The history of his case was given. Following treatment in these centres, 70 or 80 per cent. of the patients were returned to duty. The other 20 to 30 per cent. were sent to the base. Fifty per cent. of these returned to some sort of duty. The other half were discharged as not fit for duty in France. In England, in the latter part of 1915, special hospitals for orthopedic and neurological cases were established at Lambeth. These were carried on until the latter part of 1917, when it was decided to move to Buxton. Following this there were some other centres established or hospitals were chosen with neurological wards. In Canada, since the Army Medical Corps has

taken over from the Military Hospitals Commission a neurological service had developed—in Montreal, Toronto, Cobourg and Vancouver; and one is to be opened in Halifax, when a qualified man can be secured to take charge. At present all those trained were in France or England.

In the Toronto Neurological Centre in the month of October 47 cases were discharged, 9 of which were organic and 38 functional. This represents in even money \$390 each, or \$15,210 in all saving in disability allowance monthly.

Colonel Russel referred to the special psychopathic hospital at Cobourg, where all insane patients are immediately sent on their arrival in Canada. Any that develop in the immediate neighborhood are also sent there. Here they are carefully observed. If the patient is adjudged incurable he is discharged to the care of the Invalid Soldiers' Commission and goes to the provincial asylums for custodial care. They had open wards—ordinary hospital wards, such as those in use in the military hospitals. Col. Russel had recommended that screens be put up on the upper story windows. Col. Russel said he felt very strongly that this modern method of caring for the insane could not be too strongly emphasized. He utterly condemned the method of sending insane to asylums improperly equipped with laboratory facilities, lacking modern means of treatment and insufficiently staffed; for it was impossible for any of these patients to get any individual care or attention.

ANNOUNCEMENT

FIRST ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE. TORONTO, MAY, 1919.

THE First Annual Meeting of the Canadian National Committee for Mental Hygiene will be held in the Clinical Lecture Theatre, Toronto General Hospital, at 3 p.m. on Tuesday, May 27th, 1919. His Excellency the Duke of Devonshire, Governor-General of Canada, and patron of the Canadian National Committee, will be invited to open the meeting. Invitations have also been extended to Col. Thomas W. Salmon, Medical Director (United States) National Committee for Mental Hygiene, and to Mr. Clifford W. Beers, secretary of the latter organization, to be present and to address the congress. Reports of the past year's work will be submitted by the various officers of the Committee.

On Monday evening, May 26th, 1919, Col. Thomas W. Salmon has been invited to address the Canadian Public Health Association and the Canadian National Committee, on the subject of "Mental Hygiene," in Convocation Hall.

In addition to these meetings, the Ontario Association for the Care of the Feeble-minded, and its Toronto Branch, will hold annual meetings on May 26th and 27th, and there will be section meetings on Mental Hygiene in connection with the Canadian Public Health Association on May 27th and 28th. Col. C. K. Russel, Montreal; Dr. C. K. Clarke, Dr. W. H. Hattie, Provincial Health Officer for Nova Scotia; Dr. Gordon Mundie, and others, will address these gatherings.

An invitation is extended to the members of the Canadian National Committee, and to all interested in the Mental Hygiene Movement in Canada, to attend, not only the first annual meeting of the committee, but the other congresses as well.

LT.-COL. CHARLES F. MARTIN, M.D.,
President.

C. M. HINCKS, M.D.,
Secretary.

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STATE PROGRAMMES FOR THE CARE OF THE MENTALLY DEFECTIVE.*

BY WALTER E. FERNALD, M.D.

Superintendent, Massachusetts School for the Feeble-minded.

IT is now generally understood that the feeble-minded and the progeny of the feeble-minded constitute one of the great social and economic burdens of our modern civilization.

We have much accurate knowledge as to the prevalence, causation, social significance, prevention and treatment of feeble-mindedness, its influence as a source of unhappiness to the defective himself and to his family, and its bearing as a causative factor in the production of crime, prostitution, pauperism and other complex social diseases. The literature on the subject has developed to enormous proportions.

An intelligent democracy cannot consistently ignore a condition involving such a vast number of persons and families and communities, so large an aggregate of suffering and misery, and so great economic cost and waste.

Nearly every state in the union has already made a beginning in the way of a programme for dealing with the mentally defective, either directly or indirectly. The development of this programme in the different states varies greatly in degree and method. Even the most advanced states have not yet formulated a plan for reaching all of the feeble-minded of the state. It is safe to say that no state has yet officially taken cognizance of ten per cent. of the mentally defective persons in that state. No state has even ascertained the number of feeble-minded in the state, their location, or the nature and expression of their defect.

* Read at Children's Bureau Conference on Child Welfare Standards, Washington, D.C., May 7, 1919.

The great majority of these defectives receive no education or training, and no adequate protection and supervision. We know that feeble-mindedness is highly hereditary, but in most states there is no legal obstacle to the marriage of the moron, the most numerous class of the feeble-minded.

There are many reasons for the lack of a formal accepted programme. The problem can not be solved by a simple formula, which can be expressed in one definite piece of legislation. It is an infinitely varied and complex problem, according to the age, sex, degree and kind of defect, presence or absence of hereditary traits or criminal and anti-social proclivities, home conditions, etc. The idiot, imbecile, and moron present different needs and dangers. Each of these groups has different troubles, according to their age and sex. Rural, sparsely-settled communities, with homogenous racial population, have conditions which differ from those of urban industrial centres, with cosmopolitan racial complications.

Census.—The first step in a rational programme would be the beginning of a complete and continuing census of the feeble-minded of the whole state,—this would state and define the problem. Many privately conducted surveys show the feasibility of such a census. The data for this census would be furnished by physicians, clinics, court and jail officials, social workers, town officials, teachers, etc. No doubtful case should be so registered. Only those persons whose mental defect has been scientifically diagnosed should be registered. The register should be highly confidential and accessible only to properly accredited persons.

This co-ordination of existing records would be available for social workers, school authorities, and other agencies, and would be of enormous service in the solution of the individual problems which the feeble-minded constantly present. This alone would mean a great saving in time, effort and money.

This official census would give a logical basis for intelligent management of the mental defectives of the state.

Supervision of the Feeble-minded.—A census of the feeble-minded of the state would make possible and desirable some provision for a central governmental authority responsible for the general supervision and assistance and control of the feeble-minded of the state, who do not need immediate institutional commitment. This state supervision of the feeble-minded should be directed by a state commission for the feeble-minded, or a properly constituted state board of health, or other similar body. Its responsible officer should be a psychiatrist, with special knowledge of mental deficiency, and its many social expressions.

The local administration of this supervision could be carried out by the use of existing local public organizations, existing local private

organizations and societies, or by properly qualified volunteers in each community. This systematic supervision of the feeble-minded could easily be made to cover the entire state, with a local representative in each community, but all under the direction of the central authority.

Each defective could be regularly visited and kept under observation by the local visitor. The reports of these visitors, covering the life histories and the family histories of many cases, would soon constitute an invaluable treasury of information as a basis for scientific research and study in the search for practical methods of prevention. The official visitor would advise the parents as to the care and management of the defective, and would have opportunity to inform the family, the local officials, and the community generally as to the hereditary nature and the peculiar dangers of feeble-mindedness.

The registration of every feeble-minded person, and the regular visitations, especially of children of school age, would make it possible to inform the parents of the condition of the child, of the necessity of life-long supervision, and of the possible need for future segregation. Suitable, tactful literature should be prepared, which could be gradually presented to the parents in a way that would have great educational value. Sooner or later, the parents will probably be willing to allow their child to be cared for and trained in an institution. In suitable cases parents who are not willing may be allowed to have the custody of their child, with the understanding that he shall be properly cared for and protected during his life, that he shall not be allowed to become immoral or criminal, and that he shall be prevented from parenthood. Whenever the parents or friends are unwilling or incapable of performing these duties, the law should provide that he shall be forcibly placed in an institution, or otherwise safeguarded. The local representatives of the central bureau would officially serve as advisors and sponsors for pupils graduated from the special school classes, for court cases under probation and observation, and for institution inmates at home on visit or on trial.

There would be a person in every locality familiar with the opportunities for mental examination and methods of permanent commitment. The extra-institutional supervision and observation of cases in their homes would do away with the necessity of institution care of many persons who would otherwise have to go to an institution, thus reducing the expense of institution buildings and maintenance.

There should be legal provision for the commitment of uncared-for defective persons to the permanent custody of the central authority. This commitment should formally recognize the actual mental age and degree of responsibility of the defective person so committed. The legal status of a defective should be that of a normal child with a mental age of 8, 9 or 10 years.

The extra-institutional supervision should include cases dismissed from institutions, so that the defective who has spent many years in an institution would not be thrown out into the world, with a freedom which he does not know how to utilize. In these cases, the supervision would constitute a permanent parole which would be most effective. This provision would enable the defective to be returned to the institution if he did not properly conduct himself in the community.

Such provision for registration of the feeble-minded and for extra-institutional supervision would ensure that those defectives who most need institutional training and protection would be sent to the institutions, and that those who can live safely and happily in the community should be allowed to do so.

The keynote of a practical programme for the management of mental defectiveness is to be found in the fact, which seems to have been proved, that those defectives who are recognized while they are young children, and who receive proper care and training during the formative period, are, as a rule, not especially troublesome after they have been safely guided through the period of early adolescence. Every child automatically comes under the control of the school authorities between the ages of 6 and 14. Every case of mental defect can be easily recognized during this period.

Present methods of health examination of school children could easily be extended so as to ensure and require a mental examination of every child obviously retarded in school accomplishment. It would not be necessary to give every child a mental examination. It would be sufficient to examine only those children who are three or four or more years retarded, perhaps two or three per cent. of the school population.

In the large cities, the mental examinations can be done by special examiners and at mental clinics. The rapid development of out-patient mental clinics all over the country will soon furnish facilities for such examinations in all the large cities.

Rural communities and small towns could be served by a travelling mental clinic, as a part of the state government. This clinical group, or even a single clinician, could examine the backward children over a very large area. A visit to each small town once each year would be sufficient.

Every school for the feeble-minded should conduct out-patient mental clinics at the institution, and in the various cities and towns served by the school.

At the time of the mental examination, the parents could be informed as to the mental condition of the child, and of his need for special training and protection.

Suitable manuals should be prepared by the State Board of Education, which could be placed in the hands of every teacher, especially in the

rural schools, describing the methods of training and management which should be applied to these cases.

It should be recognized that the defective child is entitled, even more than a normal child, to education according to his needs and capacity.

The defective children who can not be taught in the regular schools should be referred to the institutional schools.

Cities and towns of over five thousand population are likely to have groups of at least ten or more defective children. Such communities should be required to establish special classes for defective children. The proper authorities should formulate the courses of study and the equipment of school materials which are necessary for these special school classes.

Provision should be made in the normal schools for training teachers of defective children. Every normal school should be required to give suitable instruction to teachers, to enable them to recognize the probable cases of mental defect, and to give them a general idea as to the training and discipline of such children.

The State Board of Education should prepare simple manuals of facts for the use of the parents of feeble-minded children. This literature should be prepared in series, especially for young boys, for young girls, for older boys, and for older girls, and should kindly and tactfully instruct the parents as to the limitations of these children in the way of scholastic acquirements, and emphasize the importance of the development of habits of obedience and industry, and the necessity of protection against evil influences and companions during the formative period.

The great majority of mental defectives are of the moron group. If the plan suggested for the early recognition, and the intelligent education and training of the moron in public schools and at home is carried out, many of this class can be safely cared for at home.

We have begun to recognize the fact that there are good morons and bad morons, and that it is often possible in early life to recognize the moron with anti-social and criminalistic tendencies, who will probably need institutional care. Morons from families unable to properly protect and control their children will need institutional training and care.

The fact should be emphasized that the neglected moron is the defective who makes trouble later in life, and that he should receive proper care and training either at home, with the help of the special class, or in an institutional school during the formative period.

The special public school classes also serve as clearing-houses for the recognition of defective children who are markedly anti-social and immoral, and who need permanent institutional care. It is an easy step from the special class to the institution. The children who graduate

from the special school classes should have the benefit of follow-up or after-care assistance and help.

In the majority of states, the only provision for mental defectives is furnished by an institution for the feeble-minded, providing care and protection for a limited number of idiots and imbeciles, education and industrial training for the higher-grade cases, with permanent segregation for a certain number of defectives, and with special emphasis upon the life-long segregation of feeble-minded women of the hereditary group. It was formerly believed that it was possible and desirable to have institutions for practically all the mental defectives of the state. This was before the actual extent of the problem was known, and its cost computed, and before the difficulty of securing the commitment to an institution of many of these cases was realized. In practice it has been found very difficult to ensure the life-long segregation of the average defective. The courts are as ready to release the defective as they are to commit him in the first place. However proper and desirable it may be in theory to ensure the life-long institutional segregation of large numbers of the moron class, it is a fact that there is a deep-seated prejudice on the part of lawyers, judges and legislators towards assuming that every moron will necessarily and certainly misbehave to an extent that he should be deprived of his liberty. That such misgivings are well-founded is apparently shown by the studies made of discharged patients at Rome and Waverly. At Waverly, a careful study of the discharges for 25 years showed that a very small proportion of the discharged male morons had committed crimes, or had married or had become parents, or had failed to support themselves.

It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. A very much larger proportion of these trained male defectives would be suitable for community life if the above described extra-institutional control and supervision could be provided.

The average citizen is not yet convinced that he should be taxed to permanently support an individual who is capable of thirty or fifty or seventy per cent. of normal economic efficiency, on the mere theory that he is more likely than a normal individual to become a social problem.

The after-care studies of the female morons who have received training in the institutions were not so favourable, but many of these too led moral and harmless and useless lives after their return to the community. The study of discharged female cases at Waverly showed a surprisingly small number who became mothers or who married.

While it is true that the defectives with undesirable habits and tendencies are not easily controlled, it is equally true that defectives who are obedient and moral and industrious are apt to continue these traits permanently. Those defectives whose tendencies are such as to make them undesirable members of the community should not be allowed their liberty, but should be permanently segregated in the institutions. No other class of human beings so surely avenge neglect in their formative years, socially, morally, economically and eugenically.

The defectives who develop markedly immoral or criminalistic tendencies in the schools for the feeble-minded should not be retained permanently in the institutions devoted to the care and training of the average defective, for the feeble-minded are most suggestible and easily influenced, and should be protected from the companionship and influence of the defective with criminalistic tendencies.

These bad defectives should be committed to and cared for in an institution especially for that type, where the discipline could be made more rigid, and permanent detention more certain.

If twenty-five per cent. or more of the inmates of our penal and correctional institutions are feeble-minded, it should be required that a mental examination should be made of all inmates of such institutions, and that those criminals who are found to be mentally defective should not be automatically discharged to return to the community, but should be committed to a special institution for defective delinquents, and should be permanently segregated, and discharged only under the strictest sort of supervised parole.

Provision should be made for the mental examination of all persons accused of crime when there is any suspicion as to the mentality of the accused.

There is no doubt that every state in the union needs greatly increased institutional facilities for the care of the feeble-minded, not only as a matter of justice and fairness to the feeble-minded themselves and to their families, but as an investment which would repay the cost many times over.

There is no panacea for feeble-mindedness. There will always be mentally defective persons in the population of every state and country.

All of our experience in dealing with the feeble-minded indicates that if we are to adequately manage the individual defective, we must recognize his condition while he is a child, and protect him from evil influences, train and educate him according to his capacity, make him industrially efficient, teach him to acquire correct habits of living, and, when he has reached adult life, continue to give him the friendly help and guidance he needs. These advantages should be accessible to every feeble-minded person in the state. Most important of all, so far as possible the

hereditary class of defectives must not be allowed to perpetuate their decadent stock.

The programme in a given state for meeting the needs of these highly varied and heterogeneous groups must be as flexible and complex as the problem itself. It will be modified and developed as our knowledge and experience increases.

To sum up, the programme now possible includes the mental examination of backward school children, the mental clinic, the travelling clinic, the special class, directed training of individual defectives in country schools, instruction of parents of defective children, after-care of special class pupils, special training of teachers in normal schools, census and registration of the feeble-minded, extra-institutional supervision of all uncared-for defectives in the community, selection of the defectives who most need segregation for institutional care, for such care, increased institutional facilities, parole for suitable institutionally-trained defectives, permanent segregation for those who need segregation, mental examinations of persons accused of crime and of all inmates of penal institutions, and long-continued segregation of defective delinquents in special institutions.

The above programme would require team work on the part of psychiatrists, psychologists, teachers, school authorities, normal schools, parents, social workers, institution officials, parole officers, court officials, prison officials, etc. There would be a centralized formulation of plans and methods, but most of the real work would be done in the local community.

The degree of development of the programme in a given state would depend upon existing public sentiment on the subject, and this would be measured by the wisdom and influence of the responsible officials.

Nearly every suggestion in the proposed programme is already being followed in some state. No one state has anything like a complete programme.

MENTAL HYGIENE IN RELATION TO SOCIAL HYGIENE.*

BY A. H. DESLOGES, M.D.

General Medical Superintendent of Insane Asylums of the Province of Quebec.

THE kind invitation of Doctor Pagé has caused me to be brought into the midst of this assembly with the burden of addressing you in a language which is not the daily vehicle of my thoughts. However, the difficulty is alleviated by your kind sympathy and the keen pleasure I experience of being in the midst of confreres animated with the most laudable zeal for the betterment of humanity. Not satisfied with living a comfortable existence, you deem such a behaviour void and useless and you want to devote yourselves to the improvement of your science so that in this land of yours there might be a little more sunshine. To promote science in all fields of society is a noble aim and worthy of any educated mind's activity. I always feel at ease in such society. I am sure to find in your hearts the indulgence I need for this paper I am going to read to you with a deep sentiment of our social needs and an ardent desire to bring an end or at least an alleviation of them.

I want to show first what has been done for the betterment of the treatment of the insane and then indicate what mental hygiene must do in order to diminish the dangers to which we are exposed, to stop, if possible, the threatening tide of insanity.

Let us take a look into the history of mental hygiene. This inspection will teach us the wonderful progress that branch of medical science has made since the days of Hippocrates.

In the days primeval, which end with Hippocrates' intervention into the medical treatment of insanity, that illness was considered imputable to the influence of a favourable or irritated deity. The insane were god-possessed. Most of them were said to be the prey of infernal deities, but some were thought to be the friends of superior gods, to be inspired by them and to tell the future through their influence. The Delphic Pithia is one of the most famous examples of this. Virgil describes the Cumæan Sybil as if struggling with the God under whose influence she was about to speak and reveal to Æneas the future of his destiny. Incapable of

*Read before the Public Health Section, Meeting of the Canadian Medical Association, Quebec, June, 1919.

suffering any more Phœbus "*Phœbi nundum impatiens Bacchatur vates, magnum si pectore possit excusisse deum.*" The poor epileptic, impatient of Phœbus, strives to disburden her soul of her tyrannic ruler but the more effort she makes, the more her terrible god fatigues her foaming mouth and subdues her ferocious heart; the sybil bellows in her cave while Apollo shakes the reins over her as she wildly rages. He tames her and breaks her in, but also he lashes her to fury.

This description is nothing but one of the scenes witnessed every day in our epileptic asylums. But no longer is the sad fate of our patients considered a favour of heaven nor a curse of the Almighty. The insane has been raised to the dignity of a sick person. He is no longer lashed in order that he might recover.

Such being the belief about the nature of insanity, it is evident that the treatment in those days consisted chiefly in religious ceremonies and practices. The Asclepiades, the priests in charge of the temple of Esculapius, had received the appointment of curing those suffering from mental disorders but their science was made to procure them wealth rather than profit the sick.

Hippocrates, the creator of mental medicine, was a member of that priestly family who claimed to be issued from Asculapius (the Asclepiades) and had in ancient Greece the monopoly of the curing of insanity.

First, he had the merit of distinguishing the pathological nature of insanity. With the most praiseworthy insistence, he applied himself to oppose the medico-religious practices of the Asclepiades in order to substitute a treatment more rational and medical. To ablutions, exorcisms, incantations succeeded the bleeding, purges, emetics, vegetable diet, hygienic exercises, music and travel. It seems that even at that time there were sanatoria for the insane, "*iatria*", but most of them were left at liberty in their homes under the supervision of a servant or a relative.

Hippocrates ends the Hippocratic period: his successors were but imitators and added nothing to his medical ideas on mental alienation.

The scientific tradition then passed from Greece to Egypt with the dismemberment of Alexander's Empire.

Herophilus and Erasistrates, who lived about 300 years before Christ represent this period of transition from Hippocrates to Gelsus.

The Greco-Roman period which brings us to the middle ages, is represented by Asclepiades of Bythinia, Celsus, Areteus, Goelius and Galienus.

Asclepiades has established a formal delimitation of insanity into acute and chronic alienations. He, the first, tried the substitutive medication and advised intoxication in the general treatment of mental alienation.

Celsus gave the wisest rules for the hygienic and moral treatment of the insane, but unfortunately, he finally advised starvation, chains and chastenings to tame the insane as soon as he gave signs of want of sense "fame, catenis, vinculis coercendus est."

Areteus of Cappadocia has left marvellous descriptions of the various forms of mental alienation. A reaction must have taken place since the days of Celsus since nowhere in his works is there any mention either of ties or ligatures for the phrenetic, or even the furious.

Let me quote what Goelius Aurelianus says against the physicians who recur through principle to such means: "They seem to be delirious rather than disposed to cure their patients when they compare them to ferocious beasts to be tamed by the want of food and the torture of thirst. Seduced also by the same error, they wish us to load them with cruel chains without thinking that their limbs might be thereby bruised or broken and that it is more decent and easy to restrain them by the hand of man than by the useless torture of iron bands. They even go so far as to advise corporal violence, the scourging as if to force the revival of reason by such a provoking treatment: a wretched method which does nothing but aggravate their state, stain with blood their limbs and offer them the sad spectacle of their pains at the very moment when they recover the use of their brain and wit."

Galienus, the celebrated physician of Pergama, who wrote five hundred articles and whose ideas had so great an influence for fourteen centuries, has said but few things about mental alienation. He divided it into idiopathic and sympathetic insanity or by consensus.

The next period is one of transition and ends with Pinel's memorable reform, which modified completely the fate of the alienated and inaugurated a new era in the history of mental medicine.

With Cullen, who died in 1792, we are far from the ignorance of the middle ages but the condition of the insane is yet deplorable. They live, as yet, disseminated in prisons and a few refuge houses. Very few are received in hospitals and who would rather not call these hospital dungeons. The treatment consisted invariably in shower baths, cold baths, repeated bleeding with adjunction of Hellebore, purgatives and antispasmodic remedies. When, after a few weeks of such a regime the sick failed to cure, he was sent to the "Petites Maisons", to La Salpêtrière, or Bicêtre, in France; to Bedlam, in England. There, badly fed, covered with rags, loaded with chains and iron collars, in filthy cells, once destined to the criminals, lying on rotten straw, breathing the contaminated air, they dragged a miserable life, exposed to the eye of the public who on feast days were admitted for money to look at this spectacle and tease the poor wretches as if wild beasts, through the iron bars of their cage.

Sir Bennet could say, in the Lower House, referring to this, "If ever an institution was a disgrace to England, it is Bedlam."

Then came Pinel who was made head of the insane service at Bicêtre in 1793. He caused the chains of the insane to fall off. He had by his initiative and perseverance realized what others had vainly hoped, the rehabilitation of the insane and their restoration to the dignity of the sick. "To keep", said he, "in an habitual state of seclusion and restraint the violent insane, to deliver them helplessly to the brutality of servants and custodians under the pretence of the dangers they make us run, to drive them, in a word, with an iron-rod, as if to accelerate the end of an existence deemed deplorably wretched, is no doubt a most commodious method of supervision but no less worthy of centuries of ignorance and barbarity." But Pinel was more than a reformer. He was a man of science and his "Treaty of Mania" is justly celebrated. Cuvier could say of it in the Institute of France, that "his booklet was not only a medical book, but a capital work on philosophy."

In France, Esquirol, the successor of Pinel, had as great an influence on mental medicine as Pinel had on the moral condition and treatment of the insane. He was a philanthropist, a reformer, a scientist and a master.

Under the direction of the disciples of Pinel, psychiatry has made in all countries great progress. The characteristic of the actual movement in the field of labour and disquisitions is a tendency to apply to psychiatry the scientific data and methods of modern general pathology. Psychiatry has ceased to be simply a chapter of philosophy. It is now, and will be more and more, a branch of medical science or rather of biology. The insane are now treated with charity and science in all well organized hospitals, especially wherever the superintendent brings to his position deep sentiments of the dignity of man and the principles of an enlightened philanthropy.

However, although we state with pleasure all these betterments in the condition of mentally abnormal patients, we should not conclude that the organization is complete. To treat well the insane is very good, but do you not think that something should be done to prevent the overcrowding of such institutions. The most complex problems are before us. So many causes contribute to enlarge the number of lunatics that if we do not find immediately the means of damming the ascending tide of alcoholism, syphilis and other evils, the nation may be overflowed and sink into the waves of insanity.

Here the beneficial intervention of the Mental Hygiene Society is obvious. This organization will help a great deal in the realization of this. Is this plan likely to be realized? Can we keep men away from insanity? I do believe it to be possible to a certain extent if all medical men and

social workers as priests, teachers and others try to enlighten the people of the dangers they are exposed to with regard to the principal causes of insanity.

The education of the people will bring better conditions and the evils of alcoholism, syphilis and heredity will be lessened.

Alcoholism is a well known sickness which progressively diminishes the mind, will, strength and manual skill of a man. The loss of reason is the result of intoxication by too frequent drunkenness or ebriety, which might be said to be a temporary insanity. The errors about alcohol are deeply rooted, but in these latter days the evidence of its noxious action has caused many to be brought to sounder principles. When a man is thirsty he thirsts for water and water should be given him and not alcohol. The hospitals and asylums would be too large if there were no alcoholics. Out of two persons lying in our hospitals, one is an alcoholic. Alcohol is one of the universal providers of lunatic asylums and intemperance might be styled one of the most active agents to keep the doctors busy.

The recent law adopted by the Government is one out of which we should expect the best results and the Prime Minister should be congratulated for having loved his fellow-citizens enough to prefer their interests to those of the bar-keepers. This law of temperance, as we may call it, will bring the whisky drinkers to prefer wine and light beer or cider to their poison. The general health will be enhanced and consequently in sounder bodies might we hope to see sounder souls. *Mens sanior in saniori corpore.*

As an alienist, I am not in favour of total abstinence. However, I am satisfied with this mitigated law of prohibition. The drunkard you may be sure of it, will continue to get drunk just the same, but the new generation, the young men who have still kept the sense of dignity and decency, when they realize that in order to obtain the desired effect they must drink gallons of beer, no doubt will deem the pleasure to be bought at too dear a sacrifice and will never become drunkards and consequently the alcoholic fathers will cease to breed a brood of candidates for the lunatic asylums.

Meanwhile the bar-keepers will keep their old clients, for *what is born in the bone is born in the flesh*. "Qui a bu, boira." The bar-keeper will keep up till the dipsomaniac is no more and then he will engage in more prosperous business and when bar-keepers will be few or none, the brewers will brew less or no more.

The next cause of insanity is syphilis. I need not insist. The bad effects of this contagious disease are well known to the physician, but the people are unaware of its dangers, its contagiousness, its frequency. It is a pleasure to me to state that at the last meeting of the Quebec

Legislation the Provincial Board of Hygiene has had a bill accepted which will surely bring the best results. This legislation will contribute to lessen the number of cases of general paralysis. It will, to say the least, give to those afflicted by this sickness, the facility of being scientifically treated without being oppressed by so-called specialists.

Egotistical zeal is no zeal. Let the physicians on all occasions teach their clients the dangers of the day. Do not speculate on human degeneration. Help to build a nation. There will be enough natural causes of sickness to keep the doctor busy and thrifty. Let your ambition be that of being a curer, a saver, a helper, a giver of health, happiness and joy, a distributor of life, a consoler, and the reward will surely follow. As you sow, so shall you reap. Let us therefore strive to educate the people on the serious consequences of syphilis and try to cure those that are plague-stricken.

A third cause is heredity. Please permit me to quote a few lines from Morel. "By the observation of the links and reciprocal dependence of pathological phenomena transmissible through heredity I came to create the great and important varieties of hereditary alienations. I have proved that betwixt the simplest anomaly in the laws of moral sensibility designed under the name of moral mania, reasoning mania and those states more or less properly called imbecility, idiocy, cretinism, there exists degrees of the same affection."

Heredity, it is sure, is a great factor in mental alienations. Alcoholic heredity, says Dupuy, is the most frequent cause of idiocy, feeble-mindedness and madness. The sons and daughters of alcoholics have a tendency to lying or pseudomania, to theft or kleptomania, to the abuse of liquors or dipsomania. "The drinker", says he, "breeds the degenerate and the degenerate breeds the drinker." As to heredity through syphilis, it is no less obvious.

But what have we done to come to practical results? Have we reflected on the cerebral ravages caused by epilepsy? This sickness is hereditary, when not the results of intoxication or an accident. Have our medical societies, in lectures and reports, and the physician in his office given practical advice to the sick or his relatives? What have they done to enlighten the bride or the bridegroom on necessity of avoiding marriage with an epileptic? What have they done to check the marriage of the syphilitic? Have they shown to the parents the dangers of letting their daughters marry a drunkard, a debauchée, a syphilitic, an epileptic?

Time will come when candidates for marriage will have to show their sanitary testimonials in order to be allowed to legally do so: when everyone will feel the necessity of protecting himself against the possibility of contagion and of a breed of insane or idiots.

I am glad to see that as a result of the warnings the National Society for Mental Hygiene was organized.

Under the impulsion of an epileptic and hallucinated Kaiser, have we not seen a whole nation stricken with a fit of megalomania? The result was the terrible war now brought to end by the signing of the Treaty of Versailles. In other fields we have seen the frenzy of Bolshevism which threatens to invade the world. Bolshevism is a collective insanity under the impulsion of socialistic subversive literature and orators.

Much remains to be said, but I must conclude, for a brief paper on this subject can at best be but a meagre and inadequate sketch. I have merely undertaken to invite your attention to Mental Hygiene. Those of us wishing to interest themselves will find there is much to be accomplished in this field and its accomplishment depends largely on the physicians who appreciate the situation and are ready to take their share in educating their patients.

If some of this work can be accomplished, much of the sorrow and misery of this world will in time be alleviated and disappear.

THE PHYSICIAN'S PART IN PREVENTING MENTAL DISORDER.

BY W. H. HATTIE, M.D.

Provincial Health Officer, Halifax, N.S.

I MUST confess to no small sense of trepidation in attempting a paper on this subject. While the best years of my life were given to the oversight of a hospital for the insane, and while the experience then gained naturally biased me strongly in favour of any movement directed towards the prevention of mental disorders, it must be recognized that one who has been called upon to render service only to those in whose mental disorder is already well developed can have little more than theoretical conceptions relative to the conditions which underlie a breakdown of the faculties of mind. Moreover, since the mental hygiene movement really got well under way, my time has been so absorbed by a multiplicity of other duties that I have been able to give only passing heed to the developments in this new field of preventive medicine. I am so firmly convinced of the importance of a well directed effort to limit the incidence of psychic disablements, and so certain of the possibilities of accomplishing a great deal in this respect, that I could not deny myself the opportunity of making even a very small contribution to the JOURNAL.

I have comforted myself in the thought that others able to speak with more authority will deal rather particularly with certain specific phases of the subject of mental hygiene, and in this belief it is my purpose to consider more especially some factors which may be presented in a practical way to the general practitioner. The general practitioner has the great advantage of being witness to the earlier manifestations of mental disorder, and is thus in a position to acquire data which may be of great service in the ultimate estimation of the relative importance of various causal factors. For this reason it is most desirable that workers in mental hygiene should have the hearty cooperation of the physician in general practice.

It is not merely for the sake of the individual that mental breakdown should be averted. No other infirmity is so catastrophic to the individual and this fact alone would justify the adoption of every feasible method which might save a single person from such great misfortune. But there is much more to be considered. All the members of the family of the victim of mental disorder are subjected to distresses, anxieties and disablements which not only prevent the full enjoyment of life but which may seriously interfere with their normal activities, reducing earning power and lessening productiveness. It is of definite importance to the

State that every member thereof should be able to render the full service of which he is capable, and when one considers the numbers who are hampered in their daily tasks by the attention which they must give to mentally unfit relatives, one realizes that this is itself a matter of no small concern to the State. And when we further consider that the vast majority of the mentally incapable, who in Canada number many thousands, are not merely useless members of society but must be supported by the public, it is seen that there is an economic side to the question which is of no small consequence. But there is still more to be thought of. The so-called lesser grades of mental defect are perhaps really those of paramount importance, for these are accountable for a very large share of the criminality, immorality, delinquency, and pauperism which cost us so dearly, and it is these lesser defects which are most likely to be passed on from generation to generation. The problem, then, is many sided, and bears so intimately upon national efficiency and national progress that we cannot afford to disregard it.

From all quarters we hear that insanity is becoming more prevalent. There can be no doubt that the number for whom institutional care is being sought is increasing in a much greater ratio than the general population. This is to be accounted for, in some measure at least, by increasing confidence in the administration of institutions for the insane, but a quicker recognition of mental abnormalities than formerly, by the comparative ease with which patients may now be transported to institutions, by a growing attitude of intolerance on the part of communities to the vagaries and eccentricities of those showing even a trifling mental warp, by a lessened sense of responsibility on the part of relatives, and by other factors which come less into evidence. While much of the apparent increase in mental infirmity may thus be accounted for, there still remains the fact that the burden which mental defect imposes on the State is growing, not only steadily, but rapidly, and many careful students of sociological problems express the conviction that the percentage of population manifesting a greater or lesser degree of mental deficiency is really growing larger. If this be the case, the importance of devising some check to so disastrous a trend is obvious.

Despite the fact that the evidence that heredity is prominently concerned in the causation of insanity is still largely circumstantial, it is impossible for one who has followed out the family history of many cases to dispossess himself of the belief that it is a potent factor in predisposing to and even in determining mental breakdown. For while the seemingly determinant factors may be external, they are often consequential upon the mental attitude of forebears. This applies especially to such things as home and personal hygiene, food and habits generally. When we consider heredity, we must take account not merely of mental abnormalities but of all conditions in the forebears which may militate against the

propagation of virile and stable progeny. In respect to feeble-mindedness, the evidence is convincing that like begets like, and it has been further demonstrated that the average family of a feeble-minded mother numbers much larger than the average family of a normal minded mother. Such circumstances enter largely into the argument of those who would safeguard futurity by resort to some or other means of preventing procreation by the mentally unfit. Inasmuch as the practitioner is at times consulted by those who meditate matrimony, he may be able to occasionally render a definite service by discouraging a union which might be expected to lead to the birth of children so sired or damed as to practically doom them to a life of incompetency.

And then the practitioner has also the opportunity to sometimes advise the mode of life to be followed by those whose heredity predisposes them to mental disaster. In such case he should realize that everything possible should be done to assure the *corpus sanum* which we believe to be so essential to a *mens sana*. The stresses of active competition and the absurdities of many of our social customs bear hard upon an unstable nervous organization. Those whose nervous and mental endowments are unstable should be advised to live quietly, to avoid unnecessary excitement or entanglement which might make excessive demands upon mental and nervous energy, to attend carefully to all details of personal hygiene, to maintain the general health at the best attainable standard—reporting promptly to the physician any departure from that standard, and particularly to place strict limits upon worry and to abstain from alcohol and from any chance of acquiring venereal disease. If statistics count for anything they show conclusively that alcoholism and syphilis are very potent factors in the causation of mental disorder, and that they are particularly disastrous to those whose inheritance respecting mental and nervous conditions is not of the best. As it is more especially those of unstable nervous organization who are prone to fall victim to the lures of Bacchus and Venus, this point should be stressed when dealing with such people.

Worry is one of the causes of mental disorder which looms large in the statistics. Naturally it is most in evidence where the strain of competition is most felt, and that is in the large centres of population. Hence the desirability of protecting the predisposed by having them locate where they may live quietly in freedom from the special demands which city life imposes and which few can meet without taking much thought of the morrow. Worries resulting from domestic infelicities, however, are not restricted to the cities. Where such are suspected, all parties concerned should be interviewed, and tactful representation made of the need for establishing harmonious relationship even though this may require of some the exercise of a disproportionate share of patience and forbearance.

The so-called critical periods of life are fraught with dangers to those predisposed to disordered action of the mind. For many years prominent psychiatrists have been urging the importance of toxic states in the production of mental disorder, and the age of the individual appears to have an influence in determining the effect of a toxic state. To instance this, it is necessary only to cite the distressing circumstances which often follow apparently trivial febrile processes in young children, the peculiar liability of adolescents to dementia praecox, the remarkable limitation of general paralysis of the insane to a fairly definite age period, and the likelihood of a psychosis developing at or just after the menopause assuming a depressive type. Our knowledge of the exact nature of the toxic states concerned in the production of these psychoses is still very indefinite, but we feel that they may often be prevented by careful attention to the general health. It would seem to be important that the various emunctories should be kept functioning properly and that the diet and habits of life should not overtax these organs. These precautionary measures are to be advised in all persons, but more particularly in the predisposed, and the advice of course applies with especial force to the years which constitute the critical periods. It is unnecessary to say that sepsis appearing in the parturient woman adds to the peril of mental developments at a time when many emotional and physical stresses have already subjected the patient to much danger, so that this is to be regarded as one of the reasons for doing everything possible to assure a normal labour and convalescence.

It might be observed, too, in this connection, that social conditions play a part, in association with other factors, in the epochal psychoses. A smaller proportion of private patients break down in adolescence or in old age than of pauper patients, while the reverse is to be said of climacteric cases. Pregnancy, the puerperal state (not septic), and lactation, too, are less prone to enter into the causation of mental disease in the well-to-do than in the poor. The inference to be drawn is obvious. All feasible efforts should be made to provide favourable living conditions for the predisposed, especially when the critical periods are being approached and passed through.

Any departure from the mental norm of an individual should cause his medical adviser the gravest concern and should lead to an immediate investigation, thorough and comprehensive, of the physical condition of the patient with the object of discovering a possible physical basis for the mental symptoms. No greater disaster could be conceived than a chronic mental derangement which might have been averted by careful and diligent attention to the first warning signs. Death itself is preferable to mental incompetency—especially when it is associated with the incomparable suffering of melancholia.

The opportunities for the physician to aid in the prevention of mental incapacities is not limited to his professional sphere. By his advocacy of any public measure which promises usefulness in this particular, he can help along the good work. Thus his support of movements aimed at the restriction of venereal disease and intemperance, at the sequestration of the feeble-minded for at least the reproductive years, at the proper supervision of immigration, as well as of all sanely devised schemes for social betterment will be of definite assistance. Further he may be able to help by removing prejudices against the admission of mental cases to general hospitals, and by advocating psychiatric clinics in connection with such hospitals and more thorough teaching of psychiatry in the medical schools.

Canada is today faced with a situation not less perilous than that involved in accepting the challenge of the Hun. We have entered upon a period of competition such as was never before dreamed of. Our place among the nations depends upon our ability to meet this competition, and this in turn depends upon the physical, mental and moral qualities of our people. Material progress is essentially dependent upon adaptation to the opportunities with which nature surrounds us. Paleolithic man, in countless milleniums, made little progress in adapting himself to these opportunities. In the neolithic age, progress was more rapid but still distressingly slow. The age of metals has, in this respect, been characterized by an almost steadily increasing momentum, which has of very recent years been accelerated at a rate which cannot be contemplated without concern. Every day the process of adaptation becomes more difficult—the adjustments become more complex—the tax upon the human machine becomes greater. Correspondingly the need for giving serious heed to man's necessities in the way of physical and mental endowment becomes more accentuated. In the confusion and excitement of the struggle for place, the theorist is apt to receive scant attention. But when a real emergency arises, we find that the theorist is of use. Have not the musty old professors of chemistry and physics and psychology and a lot of other 'ologies been eagerly brought out from the seclusion of their libraries and laboratories to solve emergent problems of the war, and have they not rendered a wonderful service? And now, with a new emergency confronting us, should we not call upon those who have been studying man in the abstract to tell us how man may best adapt himself to the extraordinary stresses to which he is to be subjected? We are greatly in need of guidance in such particulars. Would it not be a logical and reasonable thing to set men whose training qualifies them for such tasks to formulate for us such rules as will enable us to adjust ourselves to the conditions which confront us, and to prepare us for a career which will not merely be creditable but will assure to Canada a foremost place among the nations.

THE PROBLEM OF THE MENTALLY DEFECTIVE IN THE PROVINCE OF QUEBEC.

BY GORDON S. MUNDIE, M.D.,

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FOR centuries the world has been faced by the problem of what to do with those persons who are born into the world with a mentality below that of the average human being. The pendulum in the treatment of this problem, like all social questions, has swung first one way and then back the other. At first these poor unfortunates were treated with scorn and derision: there was no place on this earth for them to lay their heads. Then as the pendulum swung the other way, they were called the children of God, nothing was too good for them, but with all this lavish care no intelligent study was made of their condition nor any attempt made to solve the whole question of mental deficiency, its cause or treatment. Heredity and environment have had their exponents as the cause of feeble-mindedness and much time has been wasted in trying to solve the problem by fruitless discussion over these two subjects.

Crime, prostitution, illegitimacy and immorality have all been questions which have worried every person who is public spirited enough to want the community in which he lives to be better mentally as well as physically. Very little attempt was made to solve these questions from a scientific standpoint until a few years ago.

Within the last ten years—I mean since the organization of the United States National Committee for Mental Hygiene in 1909—an attempt has been made to try and stop the ever increasing number of feeble-minded persons in the United States. This Committee, founded through the efforts of Mr. C. W. Beers, author of "A Mind that Found Itself", has roused the people of their country to the problem of the ever-increasing number of mentally defective and to the terrible strain and cost they are to the community. The question has been attacked from all sides, by educational methods, by the formation of clinics to study these persons sent by the Juvenile Courts or other Courts, and by the building of splendid institutions where they can be segregated and taught to live a useful and happy life.

Itard, the physician-in-chief to the National Institution for the Deaf and Dumb at Paris, in the year 1800, was the first person who

attempted to educate an idiot. He chose as his subject a boy found wild in a forest, known as the "savage of Aveyron" and endeavoured with great skill and perseverance to develop the intelligence of this boy. In the end, Itard was convinced that the boy was an idiot and abandoned the attempt to educate him.

In 1828 Dr. Ferret, physician at the Bicêtre in Paris, attempted to teach a few of the more intelligent idiots in that hospital to read and write and to train them in habits of cleanliness and order. Dr. Fabret, in 1831, attempted the same work at the Salpêtrière and in 1833 Dr. Voisin opened a private school for idiots in Paris but not one of these attempts was successful enough to insure its continuance.

Before this time some work along these lines had been done in America at the American Asylum for the Deaf and Dumb at Hartford where several idiotic children had been given instruction and had shown a fair degree of improvement in their physical condition, habits and speech.

But it was in 1837 that Dr. Seguin, the author of the "Treatise on Idiocy", a work which up to the present time is the standard text-book for all interested in the education of idiots, began the private instruction of idiots at his own expense. After working several years at the Bicêtre and in the Hospice des Incurables and publishing several pamphlets describing his work, Dr. Seguin had his methods of training and educating idiot children examined thoroughly by a Committee from the Academy of Sciences at Paris in 1844. This Committee commended his work very highly, declaring that up to the time he had commenced his labours in 1837, idiots could not be educated by any means previously known but that he had solved the problem.

Dr. Seguin, in 1846, published his book "Treatise on Idiocy" which was crowned by the Academy. His elaborate system of teaching and training idiots consisted in the careful "adaptation of the principles of physiology, through physiological means and instruments, to the development of the dynamic, perceptive, reflective and spontaneous functions of youth." This physiological education of defective brains, as a result of systematic training of the special senses, the functions and muscular system, was looked upon as a visionary theory, but it has been verified and confirmed by modern experiments and researches in physiological psychology. Dr. Seguin continued his school in Paris until the Revolution in 1848 and it was visited by scientists and philanthropists from all over the world with the result that schools were soon established in other countries, based on his methods. After the closing of his school, he came to the United States where he was instrumental in founding schools in various states.

In 1842 Dr. Guggenbuhl had established a school upon the slope of the Abendenburg in Switzerland, where cretins, so many of whom are found in that country, were given a training. At Berlin, in 1842, Dr. Saegert opened a school for the instruction of idiots and in England, through the publication of the results of the work of Drs. Seguin, Guggenbuhl and Saegert, a private school was opened at Bath in 1846. This initial attempt to care for the mentally defective in England finally resulted in the splendid institutions at Colchester and Carlswood.

The published description of the methods and results of these European schools attracted much interest and attention in the United States. In 1848 the first state institution for the care and training of the feeble-minded was opened in the State of Massachusetts under the direction of Dr. Howe and the school proved so successful at the end of three years that the legislature doubled the annual appropriation.

In the State of New York, after many attempts, an act was passed in July 1851 appropriating \$6,000 annually for two years for the purpose of maintaining an experimental school for idiots. The school was opened in October 1851, under the supervision of Dr. H. W. Wilbur, who had so successfully organized and conducted for more than three years, his private school at Barre, Mass.

The State of Pennsylvania was not long in taking up the work and in 1852 a private school for idiots was opened in Germantown by Mr. J. B. Richards. This school was incorporated in 1853 as the Pennsylvania Training School for Idiots and Feeble-minded Children. The first money received for its support was raised by private subscription and the State contributed an equal sum.

Within twenty-six years after the work for the mentally defective was started in the United States, public or semi-public institutions for their care had been established in seven states. These institutions then had a total of 1,041 pupils under training. Today there are eleven states which have separate institutions for the feeble-minded and epileptic. Nineteen states have institutions where the feeble-minded and epileptic are looked after together.

The foregoing is briefly a history of what has been done for the mentally defective in countries outside of Canada. When we turn to our own country to see what provision has been made for the feeble-minded, we are not very enthusiastic. Although very little has been done, we should not be discouraged because there is an interest shown in this immense problem which is growing by leaps and bounds. Probably the first organized attempt to tackle and solve what to do with that class of people which was such a burden on the community in Canada, was undertaken by the National Council of Women. They, through the gathering of statistics in other countries and also in a limited way in

Canada, mainly through the efforts of Dr. Helen MacMurchy of Toronto, have tried to have legislation passed by both federal and provincial governments which would take care of the feeble-minded. They were, however, working under the disadvantage of not having enough facts showing the seriousness of the problem in this country to impress our legislators.

In the Province of Ontario valuable work has been accomplished through the efforts of Dr. Helen MacMurchy and Dr. C. K. Clarke. Dr. MacMurchy, who is Inspector of Auxiliary Classes for the Ontario Government, has, through the collection of valuable statistics and the publication of her annual report, gradually impressed the Government and the public in her Province with the importance of caring for the feeble-minded. Through the Psychiatric Clinic at the Toronto General Hospital, Dr. Clarke with his assistants, Dr. Hincks and Dr. Withrow, have collected valuable data. Between April 4th, 1914, and September 1st, 1918, 4,347 cases have been examined at this Clinic and of these numbers fifty per cent. were mentally defective, or including the so-called backward, who in nearly all cases were feeble-minded, almost sixty per cent., while the insane number more than fourteen per cent. The supposedly normal only number 509 altogether. For fuller statistics on the Psychiatric Clinic in Toronto, the reader is referred to Dr. Clarke's article in the first issue of the CANADIAN JOURNAL OF MENTAL HYGIENE.

The Province of Manitoba has probably taken the most forward step of any of the provinces in Canada. In 1918 the Government of Manitoba, through the Public Welfare Commission, requested the Canadian National Committee for Mental Hygiene to make a thorough survey of conditions in Manitoba, particularly in reference to hospitals for the insane and other institutions where mental defectives were housed. This survey was also to cover such questions as the examination of child delinquents, juvenile courts, prostitution, etc. The survey was started and completed in the month of October. The report of this study was thorough, every phase of the care of the mentally abnormal was gone into and many of the recommendations were drastic. The Government has, however, approved of all of the recommendations with the result that the province of Manitoba will soon have a system of caring for the mentally abnormal second to none.

The Province of British Columbia has now asked the Canadian National Committee for Mental Hygiene to make a survey of their province and the Committee hopes to be able to undertake this work in June.

When we turn to our own Province of Quebec, very little evidence of progress in the care of the feeble-minded can be recorded. Many attempts have been made to impress upon the Government the seriousness of the

situation, but so far with very little result. The Local Council of Women in Montreal, under the leadership of Professor Carrie Derick, has been very active in this respect and they have done a great deal of pioneer work in keeping this vital problem before the eyes of the public. In 1914, the writer examined all the boys at the Shawbridge Boys' Farm. Practically all these boys were sent there by the Juvenile Court for various types of delinquency. Eighty-seven children in all were examined and the results of the examination were quite in accord with the findings of other investigations. Forty-two out of eighty-seven children, or 48.27 per cent. were mentally defective, twenty were normal and in three cases the examination was unsatisfactory owing to the nervousness of the child. These results, as have been said, were quite in accord with the results of examinations conducted in Toronto, Chicago and other cities in the United States. The question of immigration was not studied thoroughly in this survey, but a large proportion of the boys examined were children of immigrants and if these parents, who are probably mentally defective, had been debarred from entering Canada at their port of entry, we would not now have to deal with their defective and delinquent children.

In the autumn of 1917, Miss Helen R. Y. Reid, of the Canadian Patriotic Fund, Montreal, asked the writer if he could manage to examine any soldier's wife sent to him by the Fund. She said that her workers were becoming discouraged by the results obtained by them in working among these women, but she felt that if the workers knew they were dealing with persons who were not normal mentally, that they would tackle the problem from a different angle and not become so discouraged. It was arranged that these women would be examined mentally and if possible have a Wassermann test done on their blood. Up to date, one hundred and thirteen cases have been examined and the results have been startling. Thirty women, out of the one hundred and thirteen, or 26.56 per cent. were mentally defective; seventeen, or 15.04 per cent. gave a positive Wassermann test on their blood, one was mentally normal, but a moral degenerate; three were chronic alcoholics; one was insane; and three were epileptics.

Doctor W. D. Tait, of McGill University, examined, in 1914, all the girls at the Girls' Cottage and Industrial School, St. Lambert, and found the whole eleven girls feeble-minded. These were all delinquents and had been sent to St. Lambert by the Juvenile Court or other agencies.

Last year a committee on the feeble-minded, of which Professor C. Derick of McGill University, was chairman, engaged Miss Cole, social worker, to make a survey of the children in several institutions in Montreal. Owing to lack of funds this survey was not as extensive as it might have been, but the results showed that a large proportion of the children in these institutions were feeble-minded.

The actual work done in collecting statistics of the number of feeble-minded in the Province of Quebec has been small, but with the statistics from other provinces and countries, there should be enough evidence to convince our legislature that some provision should be made for the care of them. However, the Government does not seem to be impressed with figures from other countries. They hide behind the statement that the Province of Quebec cannot have so many defectives as shown by such figures.

What, therefore, must be done to prove to the Government that there are thousands of feeble-minded in Quebec and what is the best way to gather statistics? Legislatures and committees are moved to action by fact, not generalities and guesses.

Provincial control of the feeble-minded involves the progressive steps of identification, registration, instruction, supervision and segregation.

Identification or diagnosis should be based on a well-considered and established normality. It is better to register only a few feeble-minded than to register many who are not feeble-minded. Our standards and methods of deciding about mental defectives should be in accord with the best thought and scientific knowledge of the time, but the details and the terminology of the process should not be described to the general public in such ultra-scientific and high-sounding terms that the public will be rendered unsympathetic, if not sceptical. Dr. C. K. Clarke, of Toronto, uses a study of family history, economic efficiency and moral reactions along with the Terman revision of the Binet-Simon tests.

The identification of the feeble-minded can best be done through the establishment of psychiatric or psychopathic clinics attached to the various general hospitals in the province and the making of surveys in the schools and different institutions.

The public school should really be the clearing house for mental defectives, but to make it absolutely satisfactory, compulsory education is necessary. Unfortunately the Province of Quebec still clings to mediæval ideas on education and while this idea lasts there will be thousands of illiterates and feeble-minded roaming our streets. Provided there was a compulsory education law which compelled every child to go to school up to the age of fourteen, there should be an efficient medical examination of every child. This examination would include not only a physical but a mental one as well.

Every juvenile court should have attached to it a thoroughly trained physician who could put every delinquent child through a mental test. In the efficiently run juvenile court today, the presiding judge finds that the aid of a well trained physician is of invaluable help to him in knowing how to dispose of the boys and girls brought before him.

Every recorder's court should have attached to it a physician trained in mental work. If every prostitute in the city of Montreal could be examined mentally, the cause of her being in such a trade would soon be discovered.

The problem in our province is large, but the people are slowly beginning to realize the menace of having so many mentally defective persons roaming about the country and what a cost they are to the Government. We need a complete survey of the province and then adequate provision made for the care and segregation of the feeble-minded and mentally abnormal or insane.



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IMMIGRATION, PAST AND FUTURE.*(Continued.)*

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THE financial resources required of immigrants by the Order-in-Council of 1908 (see previous article in this Journal, Vol. I, No. 1, p. 57) indicate that governments were becoming alert to the necessity of regulating the immense tide of people flowing to Canada's shores. But that Order-in-Council was only one in a long series of enactments to improve the lot of the immigrant and also to safeguard the interests of such a new and promising country. And the history of legislation in Canada regarding immigration is about as interesting as the similar history of the United States. But Canada had the advantage of being able to profit from the experiences, mistakes, and efforts at correction on the part of her big neighbour to the south. In the years immediately following Confederation the legislation was frequently on the lines already adopted by the United States. The old Passengers' Act of 1825 and 1835 was superseded by new regulations which in turn were superseded by the provisions of the Immigration Act of 1906. But amendments were coming thick and fast, impelled by the features of the immigration tide. The Act of 1906 was amended in 1907 and that again in 1908, and finally in 1910 there issued the most advanced piece of legislation regarding immigration that Canada had yet produced. The complex character of the peoples coming into our midst, the various sources of supply from which it could scarcely be expected that all the immigrants would be highly desirable, the increasing number of rejections and deportations made it imperative that certain conditions of exclusion be clearly laid down. In this Canada followed largely the United States. Both laws excluded idiots, insane, feeble-minded, deaf and dumb, blind, infirm—unless the applicant for admission belonged to a family accompanying him or already in the country and giving security for his permanent support if admitted—persons with loathsome, contagious, or infectious disease; paupers, destitutes, professional beggars, vagrants, or who are likely to become a public charge. But in some matters the hand of Canada was still lenient, for it did not debar the entrance of polygamists, anarchists, contract labourers, nor did it definitely exclude assisted immigrants. In all of these the attitude of the United States was pro-

hibitory. But the new Act did declare that domicile in Canada could be obtained only by a person who had lived therein three years from the date of landing, provided that such time as may have been spent in any penitentiary, gaol, reformatory, prison, or asylum for the insane in Canada is not counted in that three year period. This was a more precise definition of the terms of citizenship and the condition of being an "alien". Excluded were idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane within five years previous; persons afflicted with any loathsome disease, or with a disease which is contagious or infectious, or which may become dangerous to the public health; dumb, blind, or otherwise physically defective (with the proviso above specified); persons convicted of any crime involving moral turpitude; prostitutes and women and girls coming to Canada for any immoral purpose, and pimps or persons living on the avails of prostitution; persons procuring or attempting to bring into Canada prostitutes or women or girls for the purposes of prostitution or other immoral purpose; professional beggars or vagrants, or persons likely to become a public charge; immigrants to whom money has been given or loaned by any charitable organization for the purpose of enabling them to qualify for landing in Canada, or whose passage to Canada has been paid wholly or in part by any charitable organization, or out of public moneys, unless the authority of the Superintendent of Immigration was obtained. To carry out these conditions of exclusion and others of selection there was organized a department consisting of a superintendent of immigration, commissioners, medical officers, inspectors, guards, matrons, nurses—and these could be supplemented by others employed by the department for special purposes.

But what were the conditions under which an immigrant might be selected and admitted? The first step required was that medical officers should make a physical and mental examination of all immigrants and passengers seeking to land in Canada from any ship or vessel, except in the case of Canadian citizens, and these examinations were to be no superficial glances but thorough-going tests carried out under regulations prescribed by the Superintendent of Immigration. In cases of doubt about the right of a passenger to land, a special examination was provided before a Board of Inquiry upon whose decision the passenger would be landed or rejected and deported. It might well happen that persons would pass the prescribed examinations, even under careful application, and yet shortly after entry show themselves to be undesirable as citizens. Hence, there was provided a probation period of three years wherein any immigrant who had been convicted of a criminal offence in Canada, or had become a prostitute or an inmate of a house of illfame, or by common repute has become a procurer or pimp or person living on the

avails of prostitution, or has become a professional beggar or a public charge, or an inmate of a penitentiary, gaol, reformatory, prison, hospital, insane asylum or public charitable institution, or enters or remains in Canada contrary to any provisions of the Act, should be reported to the Minister or Superintendent of Immigration, with written particulars by any officer cognisant of the facts. Similar provisions were made regarding political offenders. Upon the receipt of such information the Minister may order such person to be taken into custody and detained at an immigrant station for examination, and an investigation of the facts alleged in the said complaint to be made by a Board of Inquiry or by an officer acting as such; and if it be found that such a person belongs to any of the specified prohibited or undesirable classes, such person shall be deported forthwith; or the governor in council may order such person to leave Canada within a specified period. Failure to obey such order rendered the undesirable liable to arrest by any officer and to be deported on an order from the Minister of the Superintendent of Immigration, or to be prosecuted for such offence, and, on conviction, to two years' imprisonment, and immediately after expiry of any sentence imposed for such offence to be then deported or ordered to leave Canada. Besides these provisions for deportation, it was ordered that every immigrant, passenger, stowaway or other person brought to Canada by a transportation company and rejected by the Board of Inquiry or officer in charge, shall, if practicable, be sent back to the place whence he came, on the vessel, railway, tram, or other vehicle, by which he was brought to Canada. The cost of his maintenance, while being detained at any immigration station after being rejected, as well as the cost of his return, shall be paid by such transportation company. Failure to perform this; or, before or after performing it, to make any charge against the person for maintenance while on land, or for return to the port of embarkation, is regarded as an offence under the Act, and makes the offender liable to a fine of not more than \$500 and not less than \$50 for each offence. These provisions for the safeguarding of Canada by a definite policy of excluding defectives and undesirables were supplemented by regulations for the protection of the immigrant. To circulate in any way in any country outside of Canada false representations as to the opportunities for employment in Canada, or as to the state of the labour market in Canada, intended or adapted to encourage or induce, or to defer or prevent, the immigration into Canada of persons resident in such outside country, was to be guilty of an offence against the Act, and rendered the person, on summary conviction before two justices of the peace, liable to a fine of not more than \$500, or to an imprisonment for a term not exceeding six months, or to both fine and imprisonment. But even when the immigrant was induced to come to Canada in a perfectly legal way he must be pro-

tected during the voyage against any infringement of the contract made between the immigrant and the master or owners of the vessel, respecting food, water, air, space, etc. Strict regulations were laid down against any acts of immorality on the part of officers or crew or any other person on board toward any woman immigrant. It will be recalled that prior to Confederation the practice of immorality among immigrant passengers was a source of constant complaint, and regulations against it were being made more and more rigid. These regulations were expressly laid down in the United States' Immigration Law of 1882. But legal enactments printed on paper and posted in conspicuous places on board ship were not very efficacious unless rigidly enforced by constant and careful inspection. A series of investigations had been carried on during 1908 by the United States Immigration Commission regarding steerage conditions, when a number of special agents of the commission travelled as steerage passengers on twelve different trans-Atlantic steamers, and on ships of every coastwise line carrying immigrants from one United States port to another. The report was published in 1909, and though it stated that the investigation was carried on when, owing to industrial depression, immigration was very light, and the steerage was seen practically at its best, the facts disclosed were so revolting that one had better imagine than describe the conditions under which immigrants got their first impressions of the ways of the western world. But the provisions of the Act of 1910—in this respect reiterating older regulations—clearly set forth the fact that immigrants, especially women, had moral rights which must be safeguarded, though the fine in each case for the violation of such rights did not exceed \$25. The Act further provided for the personal and pecuniary safety of the immigrant passenger who might become the prey of those who possessed more cunning than conscience. There must not be more than one adult passenger for every fifteen clear superficial feet on each deck of a vessel carrying immigrants. There must be no bar or other place for the sale of intoxicating liquors on any vessel in the quarters assigned to third-class or steerage passengers, or to which third-class or steerage passengers are permitted to have access at any time during the voyage of such vessel to Canada, and any officer or member of the crew of such vessel who sells or gives intoxicating liquor to any third-class or steerage passenger, during the voyage of such vessel to Canada, without the consent of the master or ship surgeon or other qualified medical practitioner on board thereof is guilty of an offence against the Act and liable to a fine not exceeding \$50 and not less than \$10 for each such offence. Precautions were further made against any immigrant being victimized after landing by prohibiting any person from soliciting the patronage of immigrants unless such person had obtained a license therefor from the Superintendent of Immigration.

The foregoing provisions of the Act of 1910 are quoted to show that Canada, like the United States, was becoming more and more awake to two imperative features of the problem of immigration, first, that the natural resources of the country needed for their development the presence of large numbers of people, but that the exploitation of the country was not synonymous with the exploitation of the immigrant for the latter had rights as a human being whose adoption into the citizenship of Canada must be based on a sound mind in a sound body; and, therefore, secondly, the immigrant as a potential citizen must be selected, safeguarded and helped into the dignity of that position. Indeed the history of immigration legislation in the United States and Canada is an interesting and instructive chapter in humanitarian legislation, and the Canadian law of 1910, despite its defects, placed in the hands of the officials an instrument which at any rate would avoid many of the evils which had been glaring enough in the two preceding decades. Definite conditions for exclusion were now laid down, and certain other conditions had to be fulfilled as a basis for admission. True, the conditions for entry were not so strictly specified as those for exclusion, since it was assumed that if an immigrant did not directly and clearly fall under any of the classes rejected, he would naturally be admitted. But, nevertheless, there was in the Act of 1910 a better instrument than had hitherto been used in Canada for the control of immigration, and if the examinations physical and mental were thoroughly made and ample time given, if possible, for their performance, the decade succeeding 1910 should have better safeguarded Canada's interest than the one preceding. Let us compare the two decades.

For the period 1901-09 inclusive the number of immigrants entering Canada was approximately one and a quarter million—an increase in the population from that source alone of 23%. They came from forty different countries, but the United Kingdom supplied 40%, the United States 32% and the balance of 28% from practically the rest of the world. Out of such different types of people it might be expected that the number of rejections and deportations would be high. Yet the rejections in Canada were much lower proportionally than in the United States if we may assume the year 1908 as typical. That year Canada had 262,469 immigrants, and 1,002 were rejected, a proportion of 1 to 262. In the same year the United States had 782,820 immigrants and 10,907 rejected, or a proportion of 1 to 72. That looks as if Canada were about four times as lenient as the United States in selecting immigrants, or that the immigrants were of a superior type. To settle the last point consider the attitude of the two countries toward the same areas of Europe. For the North and West of Europe including Iceland the ratio of rejections in Canada, for the specified year, was 1 to 876, the ratio in the

United States was 1 to 106,—that is, Canada was eight times as lenient as the United States toward people from the same portions of Europe. For other European countries including Syria the ratio of rejections in Canada was 1 to 138, in the United States the ratio was 1 to 81, so here Canada's hand was almost twice as lenient toward other European peoples. In addition to the rejections, however, the deportations were gradually increasing not only in numbers but in ratio. From 1903 to 1909 there were 3,149 deportations, ranging from 67 in 1903 to 1,746 in 1909, so that while immigration increased 14.5% deportations increased 2,509%, indicating that Canada was becoming more careful in selecting or that other countries were "unloading", or that perhaps both operations were in progress, and the "undesirables" were being returned—at least some of them. Since there were deported in the period mentioned 3,149 and for the same period there were about one million immigrants, the ratio of deportations to entrances was 1 to 317. Strangely enough, of all these deportations the great majority were British, 73.1% of them to the United Kingdom 4.7% to the United States and 22.2% to the rest of the world. But these mere percentages are not a safe guide for estimation, for since the number of immigrants from the United Kingdom was larger than the number from other countries, the number of deportations would be correspondingly larger. The comparison, then, should be made on a ratio basis. From the United Kingdom there were, in the period mentioned, about half a million immigrants and 2,303 deportations, a ratio of 1 to 218, and for the rest of Europe where propaganda was carried on the ratio was 1 to 474. Hence the rate of deportations to the United Kingdom was more than twice as great as for the rest of solicited Europe while the rate for unsolicited Europe was 1 to 486. It seems somewhat enigmatical that where Canada spent the largest amount of money seeking immigrants of the right type, there was the largest ratio of deportations. Chinese, Japanese, and Hindu deportations showed a ratio of 1 to 614, Belgians 1 to 2037, Syrians 1 to 2,455, and the United States 1 to 2,644. Judged by this standard the immigrants from the United States would have been twelve times as good as those from the United Kingdom, but to estimate the people admitted by those who were deported would be manifestly unfair. Yet when all is said and done the fact remains that, for the period mentioned, the United Kingdom heads the list in the high rate of deportations, and of these again the English have far and away a higher rate than other people of the British Isles, for the 2,303 included English 2,007, Scotch 206, Irish 81, and Welsh 9. For the total 3,149 deportations the following may be mentioned as outstanding causes. Alcoholism 27, syphilis 4, insane 113, feeble-minded 35, epilepsy 22, senility 10, crippled 11, physical debility 82, physical and mental debility 14, public charge 1,074, criminal 115,

vagrancy 21, bad character 7, prostitution 8, etc., etc. These alone total 1,599, about half of all the deportations for the period—quite sufficient to indicate the need of rigid regulations carefully enforced regarding the character of immigrants. What a more thorough application of the conditions for entrance might do may be gleaned from the fact that, during the year ending March 31, 1909, of the number of immigrants destined for Canada and landing at the port of New York, 1 in every 65 was rejected, a much higher rate than was exercised by the United States for the corresponding year.

Turning now to the years following 1910, during which the new law was in operation, the tide of immigration was greater than in the preceding decade. The latter showed, as has just been shown, about one and a quarter million, but from 1910 to October of last year there came no less than 2,040,358 immigrants among Canadian peoples. That meant an average of about 215,000 per annum. If a city of that size were to drop into our midst every year, it would evoke some astonishment especially if the population were as polyglot as the immigrants. That meant on the average a steady flow of six hundred people a day for 365 days in the year. If there were such a constant procession the task of examination by the immigration officials would be enormous and exacting even with the best of facilities—which Canada does not possess. But the procession was not so steady. In the winter the tide is low, in early spring and summer the tide is in flood, and during certain weeks there might be several thousand immigrants to examine. The well-to-do citizen seated in a comfortable arm-chair reads in the evening paper that a large number of immigrants arrived at the port of Quebec, and becomes quite caustic in his remarks. What would he say if he spent hour after hour and day after day trying to fathom the mysteries of people coming from all quarters of the world and speaking different languages? For such was the composition of that immigration wave of 2,040,358. There were 476,600 English, 150,559 Scotch, 43,976 Irish, 8,611 Welsh, 14,152 from the United States, and 485,214 foreign speaking immigrants. By occupation 682,175 were farmers or farm labourers, 522,827 were general labourers, 317,235 were mechanics, 108,250 were clerks and traders, 39,429 were miners, 115,865 were domestics, and 224,928 were unclassified. Turning these figures into percentages farmers constituted 34%, general labourers 26%, mechanics 15%, clerks and traders 5%, miners 2%, domestics 5%, unclassified 13% of the immigrants. Now, the government at great expense had in the propaganda for immigrants laid special emphasis upon the desirability of obtaining farmers and domestics for the needs of the new country, and had paid bonuses thereon, and yet those entering under that head scarcely made 40% of the whole. It must be also remembered that many immigrants entering under the category

of farmer and farm labourer would not necessarily follow that occupation, but turn into other industries, and the result was an unprecedented expansion of the large cities and towns, even the rapid transition of villages into cities. This is borne out by the fact that during the last decade there has been almost a steady decline in the number of entries for homesteads. In the year 1910 no less than 59,790 people came from the United Kingdom, but only 7,331 made entries for homesteads. In the same year 37,177 entered as farmers or farm labourers from Europe, but the entries for farms by European immigrants totalled only 14,227. There is, further, an actual decrease in entries for homesteads by English, Scotch, and Irish; only the continentals show an increase in this respect. This great influx into the life of Canadian cities with their congested areas, lack of housing facilities, costs of areal expansion, has done much to change the whole economic situation, multiplied the agencies necessary for charity or benevolence, increased the growth of the slum, swelled the ranks of labour, and produced a task of assimilation by the State and the Church which is yet a long way off from completion.

Since the number of immigrants during the present decade was greater than the preceding, and the Act of 1910 was a more effective instrument in selecting, it might be anticipated that the rejections and exclusions have been greater than in the former period. For the nine years 1910-18 there were rejected at ocean ports 8,686 intending immigrants, and there arrived at such ports 1,174,282. That means an average yearly rejection of 965 out of an average yearly arrival of 130,476, a rate of 1 to 135. For the year 1908, before the new law was passed, the rate was 1 to 262. Prior to that year of 1908 there was practically no inspection of immigrants seeking admission to Canada from the United States, and for the fiscal year ending March 31, 1910, there were 8,997 rejections at the boundary. The admissions were 103,798, so that the rate of rejection was 1 to 12. What was happening before 1908 may only be surmised! During the period 1910-18 the rejections at the boundary were 151,751 and arrivals 834,917, a rate of rejection of 1 to 6. Combining the figures for the ocean ports and boundary, it is clear that residence in Canada was refused some 170,138 persons. Since the total immigration for the same time was 2,009,199 the rate of rejection was approximately 1 to 12. Canada was getting busy. Her hand was now turned against certain features of the tide from the United States, against which there was little or no protection prior to 1908. Against Europe's unfavourable features her hand was stiffening, but still quite lenient as compared with her sudden awakening toward the tide from the United States. The explanation for this activity of rejection at the boundary may partly be found in the following. The rejections for tuberculosis numbered 2, blindness 4, pimps 11, trachoma 19, diseased 20, weak-minded 57, previously rejected

80, drunkenness 98, procurers 115, bad character 140, criminality 206, insanity 235, lack of passport 256, alien enemies 297, stowaway 414, causes not given 536, prostitution 777, physically defective 812, accompanying 1,387, avoiding port 1,525, vagrancy 3,117, unskilled labourers 3,442, liable to become a public charge 7,278, violation of immigration Act 4,097, indirect passage 58,210, lack of funds 68,201. Such were some of the 151,751 people whose contributions to Canadian life were declined.

The rejections at ocean ports may be regarded as European, since only 144 were from the United States. The British were 1,219 and the foreign or non-English speaking were 7,323. The rate of rejections to admissions is for English, 1 to 563, for Welsh 583, for Irish 404, and for Scotch 1,227, while for foreign it is 1 to 69. If a Scotchman should ever survey these ratios he would surely be filled with deep satisfaction, provided he assumes that the stern officials at the port of entry were not Scotch and, moreover, were not favourably disposed to the immigrants from that country. He has more than twice the advantage over the English and Welsh, more than three times the Irish, about twenty times the foreigner, and would not be compared at all with some of the tide from the United States. And on the whole in the matter of rejection the Britisher stands far more favourably than his non-English speaking fellow. How does he stand in the matter of deportations? The case is just reversed. The rate of deportation to admission is for the English 1 to 137, Welsh 1 to 74, Scotch 1 to 186, Irish 1 to 175—an average for the British of 1 to 144. But for the Austro-Hungarian the rate is 1 to 260, Belgian 1 to 233, Chinese 1 to 277, Finnish 1 to 280, Hebrew 1 to 383, Italian 1 to 275, Polish 1 to 471, Roumanian 1 to 218, Russian 1 to 434, Turkish 1 to 434. This reversal affords a curious puzzle for which there may be many answers. At ports of entry rejections of Britishers are comparatively low, but subsequent deportations high; while rejections of foreigners at entry are high, and deportations low. Why is it that so many Britishers are deported, and why is the rate of deportation high? Do these people who pass the tests at ports of entry fail to gain a footing and obtain independence because they are not accorded sufficient help, or do they fail to maintain good conduct in the immediately succeeding period of three years because of some inherent weakness; and is the foreigner a person of sturdier growth? Or, is it that transferred from the conditions in the old land to those of the new the defectives sooner or later are manifest, and that more careful scrutiny must be made of both British and non-British at the ports of entry? For immigration in the way Canada has been promoting it is an expensive undertaking. Since the beginning of the century 3,253,796 immigrants have come to Canada, and 168,820 have been rejected, and 12,850 deported after admission—a total exclusion of 181,670, a rate of 1 to 18. But during that period

Canada has spent in promoting immigration \$10,327,929, and \$8,602,475 in regulating it, a total of \$18,930,404 spent in obtaining 3,253,796 persons, a per capita cost of \$5.81. If we now consider the large number of rejected and deported at that price then these people cost the country nearly a million dollars. If they had been allowed to live here they might have cost the country a great deal more. And it should be remembered that the machinery of immigration was preventing every year an average of 10,000 people per annum from being domiciled in this Dominion. That meant on the average an examination of about 3,500 persons per week, year after year, and arranging for return per week of about 200 to the countries whence they came; countries which apparently evinced no ardent desire to retain these "undesirable citizens". These facts in themselves are quite sufficient to emphasise not the restriction of immigration but the urgent need of more strict regulation, and the careful examination from every viewpoint of those who would become for weal or for woe integral factors of Canadian life.

The history of immigration now appears as the record of the ways by which Canada obtained a very composite, even a polyglot population. In this respect she was repeating the experience of the United States whose census in 1910 showed 54% of the population to be of native parentage, white, 14% to be of foreign parentage, white; 15% to be foreign-born, white; 5% to be of mixed parentage, and 11% to be negro. Though the population of Canada is much smaller than that of the United States, somewhat the same conditions prevail. According to a special report of the Census and Statistics Office in 1915, the foreign-born population of Canada in 1911 was 752,732 or 10.4% of the total population given as 7,206,643. By way of comparison, if out of every 100 persons in the United States 15 were foreign-born, then in Canada 10 out of every 100 persons were foreign-born. In simple words one person out of every 10 is a foreigner. At the beginning of the century, 1901, the population of Canada was 5,371,315, and 87% were Canadian-born. In 1911 of the total population of 7,206,643 only 77% were Canadian-born. That is, in one decade the tide of immigration had reduced the percentage of Canadian-born from 87 to 77. In 1901 the foreign-born population constituted 5%, but in 1911 no less than 10% of the whole. During the decade the total population of the Dominion increased from 5,371,315 to 7,206,643, *i.e.*, 34%, but the foreign-born population increased 177.4%. If we compare 1871 with 1911, the number of Canadian-born population about doubled, those from British Islands show a decrease up to 1901, and by 1911 only show an increase of about 50% over that of 1871, those from British possessions increased three times, so that the total British-born barely doubled in the 40 years, while those from Europe increased a little over 14 times, and those from the United States about $4\frac{1}{2}$ times.

Then, during the last four decades the rapid increase in the population is due more to the influx from Europe and the United States than from any other source. Thus, in 1911 those born in Canada made 77%, in British Islands 11%, in British Possessions 0.4%, in Europe 5.6%, in Asia 0.5%, in United States 4%. But, of course, these ratios do not prevail uniformly over the various provinces. In the Eastern provinces the percentage of the foreign-born is small, in the Western provinces the foreign-born average more than a quarter of the population. The proportion of foreign-born is for Prince Edward Island 1%, Nova Scotia 2.23%, New Brunswick 2.31%, Quebec 3.72%, Ontario 5.90%, Manitoba 21.00%, Saskatchewan 33.02%, Alberta 38.09%, British Columbia 26.78%, Yukon 38.96%, N.W. Territories 0.47%. And, further, while in the Eastern provinces the British immigrants approximately keep pace with the foreign-born, and in Ontario are nearly three times as great, yet in the Western provinces the proportion of foreign-born immigrants to British immigrants is about double, with the exception of Manitoba, where they are almost equal. The task of assimilation in the Eastern provinces is therefore easy compared with that of Ontario and the West, for of the total population of Ontario, 20% is immigrant, Manitoba 42%, Saskatchewan 50%, Alberta 57%, British Columbia 57%, Yukon 55%, and N.-W. Territories 3.4%. That this situation has produced a host of problems is only too well known—their solution is not so well known. But there are certain aspects of the case which need some elucidation, such as the features of Oriental immigration, the relation of immigration to crime, to disease, to the number of infirm, to the number of illiterates, and, if the pages of the Journal remain open to this kind of discussion, something may be said in future articles on these severely important topics.

THE MONTREAL LOCAL COUNCIL OF WOMEN AND MENTAL HYGIENE.

BY CARRIE M. DERICK,

Convenor of the Committee on Mental Deficiency

IN 1894, the management of "different children" was discussed by the National Council of Women. The following year, mental hygiene and the possible effects of heredity were definitely considered for the first time.

Even then, it was evident that the segregation of feeble-minded women at least was necessary. Enquiries made by local councils throughout the Dominion, showed that many dependent, mentally-deficient women required custodial care. About 150 were reported from the rural districts of the Province of Quebec alone. In 1899, the danger had become so obvious that the National Council asked the Dominion Government to undertake an investigation into the extent of the evil and into methods of combating it. No action followed.

Having failed to interest either the Dominion or the Government in adult defectives, the Montreal Local Council then decided upon trying to secure the proper treatment of backward and defective children. Therefore, in 1904, philanthropic institutions, jails, asylums, hospitals, and public schools were visited or circularized, and physicians, nurses, teachers and district visitors were asked for information. Several conferences were followed by a large public meeting, at which the results of the enquiry were given in a number of addresses. A summary of these was submitted to the National Council in 1905. In the same year, a delegation from the Montreal Local Council waited upon the Protestant Board of School Commissioners and asked that special classes be opened for retarded children. The Board promised that the subject would receive careful consideration as soon as the Council provided more detailed information as to the need. In consequence, the Local Council issued to physicians, nurses and teachers a questionnaire similar to one used in Manchester, England. Assurance was given that names and addresses would be treated as confidential information, but no adequate returns were obtained.

It was plain that, without compulsory education, the number of defective children in a community could not be ascertained. For this, as

well as other reasons, the Council has seized upon every opportunity for emphasizing the necessity of a good "School Attendance Act."

The establishment of psychopathic clinics in connection with schools, philanthropic institutions, hospitals, juvenile courts, reformatories and jails was often advocated. By means of them, it was pointed out, the number of feeble-minded among school children, dependents and delinquents would be learned and the futility of treating all as being capable of education and corrigible would be demonstrated.

In 1913, the Local Council arranged for Mr. Alexander Johnson, then of Vineland, N.J., to give an illustrated lecture upon "The Care of the Feeble-minded". In 1918, the Montreal Women's Club, with a view to assisting the Council in its propaganda, arranged for another lecture by Mr. Johnson, now field Secretary of the "American National Society for the Prevention of Feeble-mindedness". While in Montreal, last year, Mr. Johnson lectured not only to the Women's Club but to the Forum and to the "Social Welfare Workers".

Many other lectures upon various phases of the problem, especially emphasizing the principles of heredity, have been given before organizations in Montreal and several other Canadian cities by the Convener of the Local Council's Committee upon Mental Deficiency.

For several years, whenever delegations from the Council have approached either the Dominion or the Provincial Government in connection with requests for "the indeterminate sentence" and reformatory institutions for corrigible offenders over sixteen years of age, the close connection between delinquency and feeble-mindedness has been pointed out and the provision of suitable training and custodial care for the mentally defective with the segregation of the sexes have been requested.

In 1915, the Local Council took part in a delegation from the National Council to the Prime Minister, Sir Robert Borden, asking the Dominion Government to appoint a "Royal Commission upon Mental Deficiency" in order to investigate conditions, study the methods employed in other countries and recommend action. The Prime Minister expressed great interest and promised to consult the provincial premiers. At his request a statement of the entire question was prepared for him by the representative of the Montreal Local Council. All except one of the provincial premiers assented to the suggestion, but the Commission was not appointed.

Again on April 19th, 1918, officers of the Montreal Council formed part of a delegation from the National Council, which requested the Dominion Government to establish a "Bureau of Public Health" with sections devoted to "Child Welfare", to "Vital Statistics", to "Venereal Diseases" and to "Mental Hygiene". At this time, the problems associated with feeble-mindedness were treated by the representative of

the Montreal Local Council, who again pointed out the need of stricter immigration laws. The delegation was sympathetically received by members of the Privy Council. At the request of the Hon. N. W. Rowell, statements were prepared and submitted for fuller consideration.

In 1918 and 1919, the Montreal Local Council had booths at the Baby Welfare exhibit, in which the relations between heredity, feeble-mindedness and other social problems were demonstrated and needed reforms emphasized. Sir Lomer Gouin, when visiting the exhibit in 1918, spent some time in the booth dealing with heredity and pronounced it convincing.

The Local Council of Women, however, discovered long ago that statements about other communities had little effect in persuading those in authority to initiate reforms.

In consequence, after a conference with officers of the Women's Directory, the Charity Organization Society, the Girls' Cottage Industrial School and other bodies, it was decided in 1917, that the Local Council of Women undertake a special investigation with a view to ascertaining the number of feeble-minded persons in one or more institutions and of studying the family histories of individuals. Thus, it was hoped that statistics would be obtained which might persuade the Provincial Government to establish farm-colonies for the mentally deficient. The Charity Organization Society agreed to supply a room for an office and Mr. Dexter, Dr. Lindsay and Dr. Mundie promised cooperation. Correspondence with leading American experts lent approval to the plan. Certain of the affiliated societies of the Local Council, a few other organizations and individuals generously responded to the Council's request for financial assistance, contributing in all nearly \$1,300 to the work.

In order to make the proposed enquiry, the Council then engaged as field-worker, Miss Isa N. Cole, a graduate of the Boston School for Social Work.

Unfortunately, Miss Cole was prevented by ill-health from beginning the survey in December, 1917, as was intended. The work was, however, started in June, 1918, and continued with several unavoidable interruptions from illness and the epidemic of influenza, until the end of December, when Miss Cole was asked by the military authorities to assist in the work of mental hygiene among the returned soldiers.

During the seven months in question, a thorough study was made of 80 inmates of the Hervey Institute, a home for dependent children, and of 82 other dependents and delinquents who had been brought to the notice of the Charity Organization Society, the social service department of one of the hospitals, and other bodies.

Of the 162 individuals tested, 80 proved to be undoubtedly feeble-minded. A careful history of each mental defective and his family was

prepared. It included details as to birthplace, race, religion, education, health, habits, tendencies, hereditary factors and the characteristics of all members of the family who could be found.

The results of the work was presented to the Local Council by the Convener of its Committee on Mental Deficiency, at a public meeting on May 6th, 1919. A full report is about to be issued as a pamphlet by the Local Council.

Immediately after this meeting, the Local Council again petitioned the Provincial Government to establish training schools and farm-colonies for the permanent care of the feeble-minded and asked the Protestant Board of School Commissioners to open a special school of classes for backward and subnormal children in September, 1919. At the request of the Chairman of the Board, the Council submitted a plan for establishing such classes. It is now under consideration.

The ends which the Local Council has striven to attain may be thus summed up:

- 1.—A good "School Attendance Act" which will ensure that every child is brought into contact with the educational authorities.

- 2.—Mental tests of every child when it enters school, of every retarded school child, and of all criminals, delinquents and dependents.

- 3.—The registration in a government department of all who are pronounced to be feeble-minded.

- 4.—The study of the family characteristics, of the home environment, and all developmental factors by trained social workers, who would be able to give expert advice and supervision.

- 5.—Psychiatric clinics in connection with all hospitals.

- 6.—Auxiliary or special classes for backward children.

- 7.—Special training schools for the feeble-minded.

- 8.—Farm colonies for the feeble-minded distinct from those intended for delinquents.

- 9.—Legislation providing for the permanent care of the feeble-minded with the segregation of the sexes.

- 10.—Improved hygienic and economic conditions, including vocational training for boys and girls so that the normal may find fulfilment and the defective learn to be useful under supervision.

THE RIGHT TO MARRY.

WHAT CAN A DEMOCRATIC CIVILIZATION DO ABOUT HEREDITY AND CHILD WELFARE?

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THE problem of heredity and the child resolves itself into two primary questions: that of marriage and prospective progeny, and that of the care of the child that is already alive.

Space forces me to limit myself to a very brief discussion of facts which it would take hours to master, and to give my consideration mainly to the question, What is to be done about it all? What makes it worth while to give these matters the attention that we investigators bestow on them and that we bespeak from the intelligent and thinking public?

Every human being is the product of the fertilization of an ovum, the product of but two of the millions of generative cells of two parents. A little consideration shows that an act of fertilization leads necessarily to but one out of thousands of possible combinations. Hence the plain obligation of the parents to keep themselves constantly healthy and in good general condition.

We all recognize the fact of heredity in the resemblance in features, function and make-up, to the one or the other parent or possibly to a grandparent or aunt or uncle, but we also know that new results will spring up in every new child owing to the inevitable individuality of every new combination.

The most vital and distinguishing features of the new bud no doubt lie in the indubitably hereditary equipment containing the factors which the parents themselves acquired from their ancestors. The further individual fate depends on individual growth and its opportunities, and opportunities of function and of training and associations, which lead to features not considered inheritable.

What we speak of as heredity in the sense of influence of the parent on the constitution of the child, is oftenest the sum of three factors: (1) genuine heredity, that which comes with the germ cells and is itself inherited—a property of the chromosomes; (2) early growth and nutrition; (3) early training and habit-formation.

It is impossible to separate these three factors in man very clearly, owing to the long periods of gestation and infancy during which the nutrition and training problems are combined. There is, however, at times a fourth factor, more like true heredity: *i.e.*, germ damage at the time of conception, by alcohol, febrile disease and the like; or by temporary subnormalities of the parent, producing an inferiority of the stock, different from the transmission of "acquired characters". In other words, the germ plasm can be damaged permanently or for many generations by poisoning the germ cells; whereas individual injuries or experiences do not influence the stock.

For such discussion as ours, the field may be divided into two parts: First, Who is entitled to progeny and who should be considered as unfit, and what can a democratic civilization do about it? Second, What advice should be given to, and heeded by, those who have children but who realize that their progeny do not enjoy an untainted stock?

First, Who is entitled to progeny? We pride ourselves on living under the sign of a generally and freely voiced responsibility to be well ourselves and to enter upon parenthood only when there is a fair chance of giving reasonable health to the child. There may be persons who do not care and who live blindly by instinct and tradition. There are, however, many who do some thinking and feel under obligation to use their intelligence in matters of parenthood. No parent to-day would consider it right to give origin to a child during sickness; nor during intoxication; nor in such rapid succession as to exhaust the mother and to make her unfit to be what she ought to be to a child. And we claim that some persons should not marry at all and others only into stock distinctly better than their own.

To give a concrete picture of actual problems, I have had put together the material of four interrelated family-groups in one of our school districts. These families are represented at the public school by 35 children, fourteen of whom were found to be defective. These families were studied as wholes (about 522 persons); and then specifically, the 104 children that constitute the products of 24 matings and among whom are the 35 children in the public schools studied.

It was deemed best to group the children according to whether both parents were normal, or only one or both abnormal. The parents of the first group thus are normal or at least afflicted only by characteristics which are acquired by association, *i.e.*, likely to be the product of

nurture rather than of nature. Thus we gave alcoholism and looseness of sex life the benefit of doubt, as a condition not necessarily denoting abnormal stock, but apt to be the product of unfavourable environment.

With this understanding, we found eleven matings to be those of practically normal parents; in four of these matings both parents were, however, tainted with defect—that is, having in the family cases of mental disorder or defect referable to stock and individual make-up, rather than to external causes, such as injuries. These parents show one or two defectives among their progeny, besides from three to six normal children. In the other seven matings of normal parents, of whom but one was tainted, the result was correspondingly better. In other words, it is not enough that both parents be relatively normal; but if an individual be tainted by heredity, he or she should guard against marriage with another tainted individual.

In a second group of nine matings, one parent was actually defective. Those married to normal but tainted persons produced about equal numbers of normal and defective children; whereas the six defectives married to non-tainted persons produced two defectives, six uncertain and fifteen normal children. Here again, a tainted person aggravates bad parentage; a non-tainted mate reduces the risks.

The third group of matings consists of four matings where both parents were defective. The result was 21 defective, one sex offender, four uncertain and one normal. In other words, prohibition of these matings would have meant the loss of but one normal person against the prevention of over 21 defectives.

As far as we know, the great-grandparents of these families, who years ago moved into the neighbourhood studied, were practically normal people, but through unfortunate cumulative matings, ignoring combinations of taint, the result described above has been obtained.

What holds for such defects as imbecility and epilepsy holds also for a number of other mental and nervous and other diseases. Only there is fortunately not the same inheritance of an actual condition but usually only of a disposition to abnormality.

We are, of course, concerned here mainly with the question of preventing further cumulative mischief by reaching the proper persons with our advice as to marriage or non-marriage.

Attempts have been made of late years to regulate this problem by legislation. The great question is, Who is to decide? A certificate exacted from a physician for two or three dollars, as was advocated in Wisconsin? Or the good sense of the community? Or a free and sensible collaboration of the responsible parties, the good sense and good will of the community, and, when needed, the help of the expert physician?

These are days of leagues of personal freedom and leagues of medical freedom and leagues protecting the privilege to get drunk and to get sick and to make others sick whenever and however you please. The worst enemy man has is his own unbridled passion and unbridled craving; and it is unbridled craving and childish fear of interference which under the glamor of freedom keep us all the more strongly in bondage. Opposed to these, there may be regulation leagues; but as intermediaries, we want at least to be sure to cultivate plain good sense and a fair chance to get and use it.

A careful student of the literature and of the facts of eugenics realizes the complexity of the problem and the reason why we should be cautious about pushing everything to the point of legislative regulation. It is in the interest of civilization to provide principles and customs rather than laws, and to give the plain sense of the individual a chance to develop and to become effective. Give the people the facts and some help to think and the right sources of advice, and there will surely be results.

Where matters are not so simple as in the case of plainly defective mentality, I urged in an address some time ago the following principles with regard to reasonable standards of the right to marry on the part of those not free from taint: We can do justice to the individual as well as to the race by making some practical conditions for such individuals to marry and have children; that is, if they can feel and give to their own sense and conscience (and I might add under the effects of three weeks' open consideration of marriage) reasonable assurance of giving a family of four children a wholesome, healthy environment and education, then even tainted persons might be allowed to marry, especially into untainted stock. If any unfavourable heredity should crop out, it would be highly probable that healthy and capable brothers and sisters would be able to assure the protection and care of the problematic abnormal individual. This excludes the marriage of imbeciles and of many psychopaths.

In this present stage of development, eugenics has no right to attempt to enforce a stronger negative policy than this. If it does so, it runs the risk of depriving the race of individuals who would be a benefit to it. I certainly should not like to miss some of the brothers and sisters of certain of my patients from this globe, nor even a good many of the actual patients themselves.

I am tempted to emphasize the fact that those who have had trouble and conquered have often been the most helpful and effective pioneers and the most thoughtful agent of constructive reform. We need persons willing to struggle and able to struggle. We must strive to avoid wanton disaster; but we must also trust our ability to save good traits

and to provide, against any possible mishap, such improvements of our marriage standards that the undesirable traits may be bred out as often as they used to be bred in.

Somehow, I cannot be a fatalist. I am, therefore, very cautious about the advice to suppress nature's promptings for progeny unless I consider the mating doubly charged and the parents unfit to create a home.

What might a helpful civilization do toward preventing such disaster as is represented by the school children mentioned earlier? The first help is protection of the foolish against playing with the holiest of all sacraments—with marriage.

Under the heading of personal freedom we indulge in this country in the acceptance of common-law marriage, and marriage on marriage licenses which are, as far as I know, a mere farce, since they evidently can be obtained without any guarantee of control. The clerk can insist on forms and on a fee, but cannot guarantee controlled facts. The statements are made on oath, but I have not heard of any prosecution for perjury on the part of the state. Licenses without a provision of control have no sense.

Why not provide methods which would make control and advice at least possible? Personally, I grew up as one of a people (the Swiss) which has had a republican form of government since the year 1291—a time preceding the discovery of this continent by 200 years, and antedating the Declaration of Independence by 485 years. In that country, which certainly does not foster paternalism and disregard of personal rights, no marriage license is valid that has not been posted for three weeks by the civil authorities and published in the papers. Runaway matches and marrying parsons have no place under such conditions.

Is it asking too much in Uncle Sam's type of free country to have the sense of the people so roused that they prefer to have their personal freedom guided by three weeks of calm consideration rather than by the mere passion of a moment and false romanticism? In the families cited above, there were one girl and one boy married at fifteen years, the boy's being a decidedly unsatisfactory marriage.

Or if, in so critical a period as the consideration of marriage, we should have no confidence in our families and neighbours and in their good sense and good will, why should we not, in the ceremony itself, put the proper emphasis on the real issue of marriage? Why not replace the much-discussed question of obedience by the question, put to both parties to the life contract: Do you want this man (or this woman) and no other to be the father (or mother) of your children?

Not until some question as pointed as this, is in all cases expected and squarely asked and squarely answered as a matter of general and

frank concern as soon as marriage is considered, will the rank and file of people realize the needed obligation to deal fairly with the problem of health and parental responsibility before the knot is tied. Let it be a legitimate and obligatory question and more couples will give some serious thought to what is often enough passed over because of false prudery or for lack of sense of responsibility.

Now the other point: Do not let us obscure the issue by encouraging intentionally childless marriage. The more I see of childless marriages, the more I feel their intrinsic wrong. Nine times out of ten they mean that one of the partners is exploited and condemned to forced sterility and stolen away from less selfish compacts of life. How are you going to help that? By the community's undertaking to make possible a greater measure of economic security among all classes, through sickness insurance, through the provision of medical care and of vocational training, and by practical demonstrations in the schools of the way in which the economic problems can be faced and family life made possible on a limited income.

My second problem is: What is the duty of those who have become parents but with hereditary taint?

Nobody can have absolute guaranty of healthy progeny. All parents need a good dose of preparedness to accept whatever fate may bring in their children. The progress of the world has done much to guide us if we are wise, and, fortunately, on the constructive side as well as on the preventive. Let us not forget that those who may have a tainted stock and some cause for worry may be able to make good and render valuable service to all. Those forewarned are more likely to be thoughtful about the child than those who play ostrich and make it their practical and even religious duty to be blind to the great facts of experience. And when the forewarned improve the chances of their own children, it will be for the good of all.

As far as the child itself is concerned, give it a chance to grow and to develop naturally, and consider it a duty to protect this growth and to guide rather than force it. Few realize what a hell a child's life must be when it is continually cut into by the whims and momentary or untimely good intentions and peremptory expectations of adults. Heed the many sensible suggestions which are available in such valuable documents as the publications of the National Committee for Mental Hygiene and the federal Children's Bureau.

I want to limit my special advice to tainted parents to two points: First, Do not allow yourselves to cultivate any sensitiveness about learning the facts and facing the facts about your children. Do not assume an attitude of defense or offense when anyone gives you the helpful truth. You need not talk to everybody about your grief or fears;

but do not let your own false pride or conceit stand in the way of helping yourselves and the child by means of proper advice. When you see that your own resources fail, why not go over the trouble with some one who knows more about it? Why not hand over a difficult child for a time to a trained person, a school or an institution, and why not be willing to take a few lessons in child management?

When you are in doubt, it should become less and less difficult to find a medical and an educational adviser with whom you are willing to work out a careful record of the assets and of the difficulties, and of the failures and the successes of various plans tried so far. You can then expect to guide your children toward what may be best for them at the time. It is in this connection that I should like to urge you to expect ever-improving services from our schools.

Our schools must become the places where the first attempts at grading and at standardization for life should be started. Civilization is not one simple scheme and rule, but depends on a wonderful coordination of the safe knowledge and wisdom of generations on a wide range of human needs. Among other things, real civilization includes a public morality and public spirit which looks upon schools not as part of a system of political favouritism and exploitation, but as one means of bringing order into community life, of training and trying out the child in the capacities of social behaviour, and of learning and working under impartial standards.

The proper collaboration of home and school is less and less vitiated by false ideals of freedom and false fears of meddling. Parents are perhaps still too ready to consider their parental feelings hurt and to withdraw the child from school when they are tempted to attribute lack of progress to the teaching or to the school. Instead of having the matter looked into by a competent and impartial inquirer, the parents and the child still are too apt to rule the situation and to blunder.

I know of parents belonging to the intellectual aristocracy who would not let their child be given a Binet-Simon test. They do not want to know the facts and prefer to be led by sentiment alone. Children who become inefficient at one school are apt to be sent to another or to work; whereas it would be in the interest of the community and the children if they were standardized and advised and taught to be respectable members of the community on their own level.

Bureaus issuing labour permits may do excellent work on this point. If a child has the misfortune of being defective, there are still some ways to be effective. To be helped to bring these effective ways to the front and to find one's level is better than being forced by foolish parents to live on bluff. In these defectives we can also train ideals and a con-

science and can give them satisfactions adapted to them, instead of letting them out-marry the marriageable and out-multiply the fit.

I am skeptical about the possibility of general segregation of all those who are defective and dangerous because they are apt to reproduce their kind. We can increase our training schools and colonies but slowly, in keeping with the growth of the confidence of the people. But if we have compulsory school attendance and compulsory standardizing at school, we can certainly learn to help more persons find their sphere or level in life. This does not mean branding the child; it does mean helping him to find a sphere in which he can attain his best level in perfect respectability.

Any civilization can offer jobs to the strong worker; it takes a well-organized civilization to take care of those less favoured, and to give them a life of satisfaction without jeopardy to good sense and rational freedom.

The second point of my advice to tainted parents is but an extension of this point: Train yourselves and your children to look upon physicians and hospitals and trainers as constructive rather than corrective agencies.

The most difficult cases to help are those who distrust hospital and physician and adviser, we may say, constitutionally. Familiarize yourselves with what hospitals and training schools are doing so that you may feel ready to accept their help when you need it; and inculcate in the young the right attitude toward the resources our civilization offers us.

You have little idea how many people believe training schools and mental hospitals are for what they call "the really insane" or "defective" of other families, but their own children or friends are certainly not of that class. What do people know of "classes"?

We have recently read much about a poor girl who was kept at home in a small isolated room for years, supposedly because the parents did not think of taking her to a state hospital. Need we be surprised at such ignorance as long as an interested social worker, who had been informed of our conclusion that the patient in question should be given the benefit of one of our state institutions, writes as follows:

"I am at a loss to know what is the best course to pursue in this matter. I fully appreciate that you have done all you could, but I am so anxious that nothing be spared that will possibly help this poor unfortunate girl. From a physician's point of view, would you advise further hospital treatment outside of an insane asylum? So long as she is perfectly harmless, would she stand a better chance in a medical hospital for a while longer, if we could place her?"

What does this helper of the public think of what she calls an "insane asylum"? Does she not know that our state hospitals are medical

hospitals, intended to help the most hopeful and the most difficult alike and with the best medical means and judgment?

Go and teach yourselves and your children and your neighbours the fact that when anyone gets nervous and unequal to the difficulties of life, we have in our midst dispensaries and hospitals to help us on to the right track, hospitals serving as asylums for those for whom the community offers too little protection, but at the same time hospitals from which fully twenty per cent. may readily come out better entitled to be called normal than if they had missed the opportunities offered by our states, and from which many apparently hopeless wrecks emerge with a gain worthy of our open gratitude instead of our frequent desire to hide the facts and to swell the false traditions of stigma, the absurd relic of fear and superstition.

If I felt that I had to conceal the fact that my own mother had two attacks of melancholia from which she recovered, I should thereby tacitly corroborate the false efforts at concealment of many others who could not conceal the fact of mental diseases in their family if they tried. Why am I able to speak freely to my own progeny about it? Because I have a conviction based on experience and on facts that many a mental disorder is much less ignominious than more than fifty per cent. of the other diseases for which people have to get treatment; that many a nervous or mental disorder is the result of struggling honestly but unwisely; that many a former patient becomes a wiser element of the community when restored than the luckier, possibly thoughtless, fellow.

If there is some hereditary taint which causes you apprehension, try to prepare your offspring to live all the more wisely and to make themselves worthy of the healthiest mates. What we call insanity in a family must not be a wholesale warning against marriage. It means greater care in education and more appreciation of truly healthy strains and then either fitness to become attractive to the untainted or a choice of a life of usefulness outside of marriage.

After all, what we need most is to teach the child to wish to be well and to love the healthy. Love is very justly nature's and mankind's ablest matrimonial agent. Love plays many pranks and is said to be blind; but love, like any other capacity, can be made to grow better or worse. It certainly is taught badly or indifferently or wisely, through the way the parents love each other and through the ideals implanted in the child.

Let me state once more the main points of my appeal:

1. Help me in fighting the foolish game of trying to conceal the facts of heredity and of catering to the cruel notions of stigma. A man or a woman is primarily what he or she is, or can do; and the knowledge of heredity will help in guiding the understanding or management of in-

born traits. All this secrecy about heredity only means that other people cannot mention the facts to your face, but behind your back will talk of the skeleton in your closet. By thinking more of the safety of this closet than of actual needs, you may cheat your own people out of their best chances of getting timely care in the beginning of any trouble, and throw at the same time a slur on hospitals and on other patients, and ultimately it will fall back with a vengeance on your own family.

2. Let us not indulge in vague notions about heredity. If you want facts, let someone work up your family records as we have worked up those described in this paper. It will not do to go to a physician and ask: What do you think of heredity? But you must say: I want somebody put on the job of getting my family record worked out; and then I want your advice on various questions. No physician should prostitute himself by giving his opinion without having the family studied properly.

3. The conclusions from heredity study cannot be codified in the form of legislation. We can, however, lead people to be more responsible and to do better thinking. My two suggestions are; Turn the marriage license again into something which calls for three weeks of sound and open thinking and which is worth more than a fee and an invitation to frequent perjury which the state tolerates, thus lowering the sacredness of an oath before an official. The second suggestion would be regarding the marriage ceremony. Have it understood that in this solemn hour you have to answer the question whether you have really chosen the person whom you want to be the father or the mother of your children.

4. Let parents who know that their children may have a taint—a latent disposition or actual defect—find their compensation in the conviction that theirs is the burden of being specially mindful of the saner and sounder education of their children; and especially also a saner and sounder education in the question of what and whom and how to love.

This is not a hopeless problem. It is the biggest and finest problem of humanity.

COMMUNITY RESPONSIBILITIES IN THE TREATMENT OF MENTAL DISORDERS.*

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IN the early period of community organization in this country mental disorders were nowhere so well understood or so intelligently treated as they are now. Two conditions, however, which are frequent consequences of mental disorder early compelled attention; namely, disorders of behaviour and dependency. At first the only organized provision made for persons suffering from these disorders had reference to these two conditions. It was the duty of the constable and the poor-master to protect the community from the acts of disorderly persons, and to extend to the dependent the organized aid which the community felt it necessary to furnish. For the disorderly insane person the lockup served the same purpose as it did for the disorderly sane person, and for the dependent insane or feeble-minded who were not disorderly the almshouse furnished food, shelter, and attention as it did to all other dependents. Little attempt was made, in those days, to inquire into the causes and conditions which occasioned behaviour disorders or dependency or to provide for the special needs of individual cases.

As the communities grew in population and advanced in knowledge, however, the problems which arose in connection with this simple method of disposing of persons who were mentally disordered grew more complex and difficult, and the number and gravity of the cases in which the inadequacy of the method was exposed excited more interest and comment. To meet this situation, it became necessary to make a distinction between the disorderly sane and the disorderly insane, and departments in which the latter could be given separate care were established at the almshouses. The narrow barred cells, the heavy doors with peep holes, and the restraint apparatus which marked this development are still to be seen at many almshouses from which the insane have been long since removed. The constable and the lockup were still utilized, but an effort was made to restrict their services to temporary needs. We have not yet completely emerged from this period in the care of the insane. In many communities throughout the country, probably in most, the only organized agencies for dealing

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with mental disorders are those which have to do with disorderly behaviour and dependency, regardless of the cause. In fact it has been truly said that in the organized methods by which insane persons are still dealt with in this country examples can be found of every form of neglect and abuse to which the insane have been subjected during the past two hundred years. The surveys made by the National Committee for Mental Hygiene have furnished considerable evidence of this. To anyone who may be skeptical I would suggest the reading of an article entitled "The Insane in a County Poor Farm" by Dr. Thomas W. Salmon, which appeared in *Mental Hygiene* in January, 1917. This is a true account of the provision which is made now for the care of insane persons by a prosperous community in this country.

Notwithstanding these residuals of a former period, however, great advances have been made in the care of the insane. The medical needs of the cases have always been recognized by some, and physicians and philanthropists have from a very early period of the nation's development been engaged in efforts to provide for them. Many of the almshouse annexes were gradually developed into separate departments or separate institutions under medical management. Private funds were applied to the establishment of high-grade institutions where the best standards could prevail, and some of the earliest institutions for the treatment of mental disorders in this country were of this type. Eventually the legislatures in one state after another took up the question of the needs of the insane, and now in every state may be found state hospitals, medical institutions in which provision is made for treatment and attention which will promote cure. At first these institutions were looked upon merely as asylums where the insane could find refuge from the ignorance and indifference which had previously characterized their treatment. With the general advance of medical and nursing knowledge and standards, and the further enlightenment of the public, it has become possible to elaborate them into truly curative agencies. Unfortunately, there are still many states in which the provision made by the State is inadequate for the total number which require it, and many are still cared for in the almshouses.

In several of the states, the number of which is steadily increasing, the whole burden of providing institutional care and treatment for the insane has been assumed by the state government. Wherever this has occurred, the result has been a better level of intelligence and humanity in dealing with the cases under institutional care. State care is properly regarded, therefore, as a goal to be reached in the progress towards an efficient public system for dealing with mental disorders. It accomplishes much more than the mere transfer to the state of the responsibility of providing institutional care. It raises the prevalence of mental

disorders with their causes, prevention, and management into the dimensions of a state problem of the first class. And, while, after state care has been adopted, the first task to be accomplished is to bring all cases which require institutional treatment into state hospitals, it is soon found that this by no means accomplishes all that is required for dealing adequately with the needs. Unless the vital issues occasioned by mental disorders in the homes, the schools, the industries, and in social relations are intelligently grasped and dealt with by means of the state system, state institutions are liable to be looked upon as a resource which is only to be appealed to when complete separation of the patient from his usual environment has become imperative. They will still be regarded as asylums. In such case, their development is likely to be in the direction of great custodial centres, and economic and so-called business considerations in their management are likely to prevail over those dictated by science and humanity. This has happened in more than one state in which state care has been adopted under conditions of great promise. A system of state care must, to be effective, not only be adopted, but it must be planned and developed with reference to the known needs of the sufferers from mental disorder. A well-defined policy is essential and carefully prepared plans. The best plan is probably to divide the state into districts containing not more than 500,000 inhabitants each, and to provide a state hospital for each district. This hospital should be so conducted as to serve to the fullest extent possible the needs of the district in dealing with mental disorders. With this in view, the necessity of educating the public to a proper understanding of the purpose and advantage of the institution should be considered. Unless steps are taken to this end, the process of substituting for the prevailing views and methods the newer conceptions and resources will require a generation. This necessity is all too frequently lost sight of and progress is thereby greatly retarded. The state hospital is to be regarded as a social welfare agency and a centre of information and useful service which can be confidently appealed to in dealing with the problem of mental disorders in the district which it serves. In states in which a state system of care of the insane has been most fully developed the lines of progress have been towards the application of this view. Developments have been made for the purpose of bringing the district hospital into more intimate relation with the needs of the various communities in the district. In some states nurses from the state hospital, and sometimes a physician, are sent to the communities to bring the patients to the hospitals. Out-patient departments are conducted in various parts of the district where persons who wish advice concerning mental disorders may apply. Social workers are employed to visit, at their homes, patients who have been discharged

from the hospital or who may have applied at an out-patient department. These contacts with the communities have an educational value and furnish means by which the hospital may contribute to the management of the problem of mental disorders as they occur in the home, in the school and in the commercial, industrial and social life of the people. Instructive literature relating to the nature, causes, and treatment of mental disorders, and to the utilization of the resources of the hospital is widely distributed. The physicians of the hospital aim to inform the medical practitioners of the district and the public, by means of scientific papers and addresses, concerning the conditions met with in patients and the purposes and plans of the hospital. By these methods, a state hospital becomes an aggressive agency for dealing with mental disorders throughout its district.

The usefulness of a state hospital to the various communities of the district which it serves is, to a considerable extent, dependent upon its proximity and accessibility. When a district contains several counties, as is usually the case, the largest number of admissions in proportion to population is usually from the county in which the hospital is located, and the proportion diminishes with distance and inaccessibility. It is thus possible to obtain statistics that seem to show that proximity to a hospital for mental disorders increases the prevalence of insanity. What is really shown is that ease of access, and possibly correct information concerning a state hospital, are conditions which are necessary to its highest usefulness. The proportion of cases in the more distant or less accessible counties of a district is not likely to differ to any great extent from that in the counties nearest the hospital. Unless, therefore, some other means for obtaining hospital treatment are available for the latter, many cases for whom such treatment is indicated must fail to receive it.

The extent to which a state hospital can be utilized, even by the community in which it is located, is also limited by the conditions under which patients may be admitted. Certain legal definitions and formalities prevail in determining the cases to be admitted to a state hospital. The patients must be insane within the meaning of the law. This indicates that cases for admission must be differentiated and selected from a larger group of cases of mental disorder existing in the community. The best system of state care which has yet been established does not undertake to provide hospital treatment for all types and grades of mental disease. The acute deliriums of fevers and intoxications, and the large groups of cases which are designated by the terms neurasthenia, hysteria, and psychasthenia, and several other forms of mental disorder, are, with the exception of a few of the cases in which the symptoms are unusually severe, not ordinarily included in the types for

which hospital treatment is provided by the state. There must necessarily also, in all cases of mental disorder, be a period in which observations must be made, diagnoses determined, and arrangements made for admission to a state hospital when this is found to be necessary. This may be a very critical period in the course of the illness, and as first aid applied to an injury may determine the final outcome, so the early treatment furnished a case of mental disorder may be of the greatest importance in determining the further course and outcome. The first treatment of a case of mental disorder, as of any other form of disease, must ordinarily be given wherever the patient may happen to be when the need becomes manifest. In many instances the condition is only recognized when immediate treatment has become imperative. It seems quite unlikely that any state system will be inclusive or elaborate enough to provide for all grades and forms of mental disease which require hospital treatment. Needs will still remain which will require that some organized provision be made by each division of the state and each community.

The best test of any system of providing for the treatment of persons suffering from disease is to examine its operation in a number of cases. A few years ago a study of this kind was made in one of the states for the purpose of ascertaining the methods and provision employed in the treatment of persons suffering from mental disorder previous to their admission to the state hospitals. This study covered the admissions during a period of two years. It was made easily possible because of the practice of sending nurses to bring the patients from the communities to the state hospitals, which have been in operation in the state referred to since the state-care act was adopted many years ago. These nurses were asked to make reports concerning the condition and environment in which they found each patient. The system of care in this state is considered to be as good as any in the country if not the best. The law under which it was established defined the types of cases which could be admitted to the state hospitals and the conditions of their admission. It was left to the local authorities, however, and to relatives and private physicians to provide the means for observation, first diagnosis and determination of the need of hospital care, and for temporary treatment. The study which was made revealed that, throughout the state, little advance had been made in the local provision and methods since the period when the behaviour disorder and dependency of an insane person were the only issues that received organized attention. The poor-law authorities and the police were still the only officials who were required by law to see that an insane person received attention. It was found that in only one county in the state outside of that in which the largest city is located was there any organized provision

made for the temporary hospital-care and skilled observation or nursing. In the largest city provision for the temporary hospital treatment of mental cases was furnished at two general hospitals. More than half of the patients received at these hospitals were, however, brought in by the police. In the portion of the state outside this county, seventy-five per cent. of the patients admitted to the state hospitals in the first year covered by the study were brought directly from their homes, and it was found that, of these, fifteen per cent. or 410 persons during the first year covered by the study, had suffered from gross neglect or unintelligent harsh treatment. Some of these instances are as follows: (1) A woman was brought from her home where she had been in a disturbed state. She had been held in a bed by a network of ropes, her ankles bound together, her knee strapped and mittens on her hands. The patient died a few hours after admission and an autopsy disclosed a rupture of the stomach. (2) A woman was found at home where she was fastened to a chair by a sheet tied about her and nailed to the wall. She was confined in the room with her husband who was dying of pneumonia. The chair in which she sat was nailed to the floor. The doors of the room were nailed up at night. She was dressed in an undervest and men's trousers, and had been bound hand and foot in bed for a few days before she was transferred to the hospital. Many other instances could be cited. More than seventeen per cent. of the patients, or 466 persons, received during the same period at the state hospitals from this portion of the state were found in jails, lockups and police stations. Eighty-seven of these patients were women. The reason for confining the patients in these places were not always apparent from the reports. In some instances they were said to have been violent or otherwise dangerous, but others appeared to have merely been wanderers, or to have shown eccentric behaviour or expressed delusions in public. Many of these patients were found in unsanitary, uncomfortable, sometimes filthy and vermin-infested cells, not infrequently in company with persons accused of crime. In one instance the patient was found in the same room with a person accused of murder and developed a delusion that she herself was accused of the crime. In another, a woman was found in a basement cell, without windows, with no toilet facilities, and separated only by a slat door from the quarters of a drunken man. The patients sometimes received what care was given from prisoners, or they were found in a common room with drunkards and tramps. In a jail in one of the larger cities of the state, a woman was found by the nurse in a cell which was so small that she could scarcely sit up in it. There were no toilet facilities accessible to her and she was entirely naked and extremely filthy and dirty. In a police station two male patients were found confined in a box-like structure with board sides and an iron

grated top, hinged and fastened with two locks. When the top was closed, the patient could not rise from the recumbent position, and, as he lay there, the distance between his chest and the bars of the top was only six inches. Another patient was found in a cell which was not heated though the weather was cold. He was insufficiently clad and was so ill that he died two days after admission to the hospital. In a large number of instances, the report states, women were confined in station houses and lockups without attendance by persons of their own sex. One insane woman was entirely nude in a cell and there was no one to wait on her except a man who brought her food to her.

To appreciate the significance of these methods of dealing with persons suffering from mental disorders, it is necessary to keep clearly in mind that they were found to prevail throughout one of the most progressive of the states in the care of the insane, in which an excellent system of state care had been in operation for nearly twenty years. This system was, however, devoted practically altogether to furnishing institutional care to persons who were delivered over to it by the communities. Nurses from the state hospitals were sent to bring the patients in, but there the active concern of the state system ended, and those who were interested in its development paid little attention or no to what was happening to the cases outside the hospitals. The inferior methods still employed by the communities were the outcome of the persistence of views and methods which regarded the dependency and behaviour disorder of an insane person as the main issues. It was seen, therefore, that the first step towards improving the methods should be to place the responsibility for the care of the cases in the hands of some official who would be more likely to consider the medical needs of the cases the main issue. To this end, the duties of providing for insane persons were transferred by statute from the poor-law authorities to the medical health officers and the confinement of the cases in jails and lockups was forbidden. Since this change was made, the methods have been greatly improved, though the prevailing ignorance and low standards concerning mental disorders, even in the medical profession, hinder the development of the organization and facilities which are needed. Special knowledge, special skill, and in many instances special facilities must be available for the proper understanding and treatment of mental disorders. These are not yet demanded by the intelligence and interest in the subject that prevail in any community. They can be secured only through the efforts of a few specially informed and interested individuals. They would, however, I am sure be acceptable to the community, and willingly paid for as soon as their purpose and value were understood.

In every large centre of population a department for nervous and mental cases should be provided in connection with the best general

hospital. This department should be so organized and equipped that the patients would be treated by the most approved methods at the hands of specially trained and experienced nurses and physicians. In no class of case is the necessity for specialists more pressing. In fact special knowledge and skill are the only sure safeguards against gross neglect and mismanagement in the treatment of mental cases. The department should be open not only to the patients of the city in which it is located, but to those of the more easily accessible smaller communities where there are no hospitals. These communities would, through their health officers and the more enlightened citizens, probably have to be educated to bear the expense of the transfer and treatment of the patients. A comparatively few of the cases would, however, require hospital treatment until they could be sent to the state hospitals. Most of them could be cared for at home, with attention, in some instances, from a specially qualified nurse who ought to be obtainable from the hospital. It is discreditable to the intelligence and humanity of any community when no better provision for a delirious or frenzied sick person is made than the police station or lockup, and when no more skilled nor tender attention can be supplied than those of the constable and the poor-master.

The communities might also use to greater advantage the resources of the state hospitals. This is especially the case in those places nearest to the hospitals. Access to these resources should be as easy as possible, and means should be taken to inform the public concerning the methods and advantages. The hospital of a district is a centre of information and assistance in all matters relating to mental disorders. The communities should learn to utilize them fully, and the state system should provide for state supervision and standardization of local provision and methods. A system of co-operation may thus be established which will make it possible to secure good treatment for a patient during the whole period of illness.

The problem of mental disorders as now understood is no longer properly formulated by the phrase "the care of the insane". Mental disorders of many forms and in many stages are extremely prevalent. Those regarded as insane are simply the cases whose capacity for adjustment to the requirements of organized society has failed to such degree that they have become a burden or a menace. The problem of early treatment and of prevention can never be solved merely by the care of the insane. Each community must take it up for itself and provide such organized attention as is given to any other social problem, for example, education, sanitation, transportation, etc. This view is already beginning to find practical application in the schools, in the courts, in the prisons, in the army and navy, and wherever departures

from normal behaviour require attention. It is of vital interest to all of us that the means provided for dealing with mental disorders in the community should be adequate. No one is immune from these disorders, and when a case occurs in a household in a community the situation is one which demands very special knowledge, skill, and facilities.

Permit me, then, in closing to suggest for your careful thought and investigation as you take up again your contacts and interests in your own communities the following questions:

1. If a case of mental disorder should occur in your household what would you do?

2. How and where would you obtain skilful medical and nursing attention?

3. If the patient were delirious, frenzied, or uncontrollable as is sometimes the case, how and where would you find near at hand a suitable place where he could be safely and properly treated?

4. To what extent is the state hospital of your district used by your community? Could its usefulness be increased?

5. If you find that the means provided for dealing with mental disorders in your community are inadequate can you not do something to improve them?

SUPERVISION OF THE FEEBLEMINDED IN THE COMMUNITY.*

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THE social significance of feeble-mindedness is becoming increasingly apparent each year. In the impression which it has made on the popular mind as a practical problem demanding a practical solution it has far outstripped the more interesting and difficult question of mental disease with which it is so closely allied but which is still a comparatively unknown quantity even to the more enlightened. To one who works in the field of mental disease, there is something very heartening in the familiarity which the ordinary teacher or social worker now shows toward feeble-mindedness as a possible factor in her work. This quite general recognition of the importance of mental defect for the community in marked contrast to the prevailing ignorance of the social importance of mental disease is not difficult to explain.

Of all the problems presented by mental hygiene, feeble-mindedness is the simplest, most accessible and most easily comprehended by the common man. Anything that can be stated in terms of intellect is simple compared with that which goes over into the fields of emotion, feeling, impulse and instinct. It may be that such a confining of feeble-mindedness to the intellectual sphere will prove to be an over-simplification of the problem, but the fact remains that this way of looking at it has made it easy to explain and easy to understand.

This accessibility of the intellectual factor in feeble-mindedness has also made it one of the first problems to lure academic psychology into the practical field, for the intellect is much more readily open to experimental laboratory methods than the will or the emotions. There is no question but that the swift rise of the mental test as a centre of interest and experiment in applied psychology has had much to do with the growth of popular recognition of feeble-mindedness as a social problem. Parallel to this development of psychology and aided by it has been the advance of criminology which by its disclosure of the intimate relation-

* Read before the Mental Hygiene Section of the National Conference of Social Work, Kansas City, May 15-22, 1918. General topic of the symposium of which this was a part, "Steps necessary in Community Control of the Feeble-minded."

ship between mental disability and antisocial conduct has perhaps done more than any one other thing to force the problem of feeble-mindedness upon the public.

Organized charity with its unimprovable cases, agencies dealing with illegitimacy and sexual immorality of all kinds—all these have added their weight to the movement. Then still closer to the mass of the people comes the public school, so long trammelled by the presence of the feeble-minded child who by definition is the stumbling block *par excellence* in the way of all orthodox teaching. In the recognition of the feeble-minded child the school is on the way to a solution of one of its most serious problems, and the altering of an entire school system to make special provision for such children has done much to enlighten the common people.

It only remains for the final impetus to come from industry now strained to the last notch by the demands of the war. The recognition of the part played by the feeble-minded workers, combined with the problem which mental deficiency is making for the new National Army as shown by the discharge of more than 4,000 feeble-minded soldiers ought to give all the additional push needed to bring the country to a complete realization of the necessity of working out a plan for state control.

While feeble-mindedness as a problem in mental hygiene may be comparatively simple, as a problem requiring definite social action it could hardly be more complex. It is the old question of reconciling the welfare of the individual to the good of the community which is particularly trying when the individual in question is not capable of taking his own part. How can modern society prevent the feeble-minded population from becoming a dead loss economically? How can it guard itself from the injury which the feeble-minded have the power to inflict upon the present and upon future generations and still be fair to individuals, the majority of whom have a certain right to life, liberty and the pursuit of happiness comparable in a degree at least to that of children whose interests we guard so carefully. Moreover we have to remember that the feeble-minded person especially of the moron group is not an isolated individual without family ties. He belongs to a home whose love for him and belief in his possibilities will have to be taken into account in any plan we may formulate. No plan which ignores human relationships and public sentiment will be successful, although innumerable laws confirm it.

If we approach the problem in cold blood, we may say that the only questions to be considered are the prevention of propagation on the part of feeble-minded persons, the prevention of delinquency, and the most effective utilization of the labour represented by the feeble-

minded population. Nothing is simpler than to give the logical solution to these problems. The reason such solution is not simple in practice is that human life is not primarily logical. We are still a long distance from conscious intellectual control of social life, and even so the most rigorous intellectual control would obtain its results only through taking into account the working of human impulse and emotion.

Sterilization of the feeble-minded is logically the solution for the problem of prevention of propagation of the mentally unfit where feeble-mindedness is due to heredity. Practically, despite legislation, it has never worked because it is a purely intellectual remedy. It has never considered the prolonged period of preparation and education necessary to change deep-seated primitive attitudes. There may come a time when sterilization of the unfit will be incorporated in our programme but it will be only when the general level of enlightenment on social problems is materially raised by slow growth.

Segregation much more than sterilization offers a practical solution to part of our problem at least and may eventually be the final, most practical solution. At present it fails in two, possibly three respects. First, on the human side, when by segregation we mean a fairly complete shutting off from society of all the feeble-minded including types of the higher grade, we ignore a profound aversion on the part of people in general to confinement for life for any human being, particularly when no offense has been committed commensurate with such punishment and when the individual to be segregated seems to the ordinary observer not to be very different from himself. This combined with the feeling which relatives, particularly of the high-grade feeble-minded, have against segregation, makes any very complete programme of this kind quite impossible for some time to come.

Quite aside from the obstacles presented by popular sentiment, there is one fundamental difficulty in the way of segregation as a complete programme, on the purely economic side, and another which may or may not be fundamental. If the most conservative estimates regarding the percentage of feeble-minded in this country now under suitable institutional care are correct, it still remains to provide institutions for at least fifty per cent. of the total feeble-minded population of the United States. According to Mr. Kuhlman in the *Journal of Psycho-asthenics* for September—December, 1916, estimating that five-tenths per cent. of the entire population is feeble-minded, not five per cent. of the total feeble-minded population is now segregated in institutions for the feeble-minded. Even if one disagreed with this estimate, it could be made far more conservative and still leave us with the task of housing a tremendously larger number of feeble-minded than any state has ever contemplated. Any approach toward complete segregation is bound to mean a

construction of institutions on a scale which will postpone realization of the scheme to an indefinitely distant future. In the meantime the feeble-minded are with us, at large in the community for good or ill, with no conscious control of the situation on our part.

The other point to be considered on the economic side is the utilization of the labour of the feeble-minded. We have no conception at present of how much of the rough work of the world is being done by morons. We are just beginning to get some return from the labour of the feeble-minded in institutions through the rise of the colony plan in a few states. But we have no basis for deciding at present whether segregation can ever be made to utilize the labour of the feeble-minded to as great economic advantage as some other plan which would allow of the employment of feeble-minded in the industry of the outside world. This is a question for consideration and for further investigation that we may gain facts upon which to make a judgment.

Practically, then, sterilization from the point of view of human prejudice and segregation from the standpoint of human rights and economic possibility do not constitute an adequate programme for the care of the feeble-minded population of the country at least for the next quarter century. Even though we press sterilization into service just as far as popular sentiment can be made to tolerate it and though, regardless of sentiment, we construct institutions to the limit of the common purse, making full use of the cheaper plants offered by the colony plan, we shall still have a large problem untouched in the feeble-minded at large in the community. Shall we continue for the next twenty-five years to depend entirely upon segregation and remain in ignorance of the facts regarding the lives of the feeble-minded outside institutions?

How can we decide whether all the feeble-minded need segregation, how can we be sure that every feeble-minded person is a potential delinquent until we know how many of the steady though humble and unskilled workers of the world are intellectually superior to the feeble-minded delinquent or segregated case in the institution for the feeble-minded?

Our knowledge of the feeble-minded is based almost entirely upon our knowledge of intellectually inferior individuals who make trouble for us in society. Is it impossible that there is a class of individuals who by any intelligence test will measure down to the level of the institutional cases whom we label feeble-minded, but who are not social problems? The whole question of feeble-mindedness seems to be complicated by the question of how much of the antisocial or inefficient conduct of the types of higher grade may be due to the intellectual defect and how much to the emotional make-up. That is, may there not be as

much temperamental variation in the feeble-minded as in the intellectually normal? And that being the case may not the standard of feeble-mindedness indicating segregation be as much a matter of type of emotional and impulsive make-up as a matter of degree of intellectual defect?

In other words, we seem never to have made any real attempt to study the problem of the feeble-minded in the community to determine (1) whether there is any class of people apparently feeble-minded by our intelligence standards that actually does get along in the world, (2) to determine what real supervision, intelligently conceived and applied, can do to make the existence of certain feeble-minded individuals outside of institutions safe and economically advantageous to society when it would otherwise not be so, (3) to find in how far the so-called feeble-minded delinquent is innately vicious and how far he is the result of prolonged maladjustment due to defective intellect, emotional and impulsive make-up, complicated by bad environment and training; *i.e.*, may it not be possible that even in the field of intellectual defect the insight of modern psychiatry as to the mental mechanisms which produce maladjustment in the intellectually normal may have a bearing?

The *best plan* for supplementing segregation and sterilization for the present, even though they should ultimately prove to be the only solution to our problem, the *only way* to obtain the kind of information we need and must have about the feeble-minded, the *best scheme* for educating the people to a comprehension of the problem and a willingness to accept segregation and sterilization when necessary, is, it seems to me, the plan for careful scientific supervision of the feeble-minded in the community as part of a state or nation-wide programme for control and prevention of feeble-mindedness.

I have no theory that the majority of the feeble-minded would become industrially efficient, sexually safe or economically self-supporting, if only they could be supervised. I have no illusions regarding the difficulty of providing anything approaching adequate supervision, but I am convinced that for the present there is no other way of getting at the problem and after all, it is not as if we had not already taken upon ourselves responsibility for trying out such plan when we began the movement for ungraded and special classes for feeble-minded children. Is that work all to be wasted? Are we to look after these children until they are fourteen or sixteen and then suddenly throw off all responsibility even to the extent of making no attempt to provide institutional care when it is obviously needed?

The school and the ungraded class give us the nucleus for a system of supervision which could be worked in so simply that it would not only

not meet with opposition but would be welcomed by the children and by the parents.

In order to make such system of after-care effective in a school system, three things are essential: (1) an adequate mental clinic under the direction of a psychiatrist with psychological training or of a psychologist with psychiatric viewpoint and experience. This clinic ought to provide a routine method of passing on the mentality of every child who enters school in order that the assignment of the child to a special class should not depend chiefly on chance, and should not be delayed for several years while the child is struggling vainly in the regular grade and getting the full effects of his maladjustment. This clinic should be the centre for a system of registration for the direction of social service and aftercare and for the vocational guidance of the feeble-minded child both in his industrial training and in his placement after he leaves the school. (2) The second essential of supervision is social service from the time the feeble-minded child enters the special class. If a trained social worker with psychological background could act as visiting teacher for the special or ungraded classes, keeping in touch with both child and home, following the child's development, keeping track of his conduct out of school, educating his home to a right attitude toward him, helping him to use the best recreational conditions the neighbourhood affords, when the time came for that child to leave school, the combined knowledge of the teacher, social worker and clinic director ought to give a reliable basis for deciding what should be done with him. They would know what his abilities were, what his chance of industrial success, what his tendencies to antisocial conduct and, if he seemed to demand institutional care, the friendly relationship with the parents built up by the social worker would offer the best possibility of inducing the parents to permit segregation.

(3) The third necessary factor in a system of supervision is a vocational and employment bureau which shall be merely another phase of the mental clinic and the social service. This bureau would not only attempt to place the feeble-minded child in an occupation for which he was fitted, but it would continue to supervise him carefully through the social service worker. Such supervision would do much to keep the feeble-minded child steadily at work, not only because the worker could come in at a crisis to help adjust his difficulties and tide him over a period of discouragement, but because the worker would explain the child to the employer and through her ability to adjust problems as they arose would make the employer willing and able to keep a class of workers who might under ordinary conditions be impossible. The bureau would have to work up the whole problem of employment of the feeble-minded—finding where the feeble-minded child can best be utilized, interesting

employers in the possibility of making conscious use of feeble-minded labour, inducing them to try various experiments with such labour under supervision.

It may be argued that this system to be at all adequate would be expensive out of all proportion to the results. In answer to that it may be said in the first place that we know nothing about the results, certainly not from any experience in this country. In England and Germany and one or two other countries, a certain amount of after-care has been tried with rather poor returns in the case of England and apparently good ones in the case of Germany. I very much doubt whether such after-care has been done with any but volunteer workers and under any but fairly haphazard and unscientific direction. It seems to me we shall have no grounds for judging the effectiveness of a careful scientific system of community supervision, until we have given at least a five-year trial.

As a supplement to supervision through the school system, we have in the institutions for the feeble-minded, especially those with the colony system and field agents, machinery all ready to our hand for the supervision of institution cases who have improved with training and proved themselves fit for a greater measure of freedom. The institution for the feeble-minded is also the logical laboratory centre for the schools in its district, and school and institution might well combine on a thorough-going plan of training and community supervision wherever possible.

That supervision will be expensive, there is no doubt; but there seems to be no way to avoid the expense entailed by the production of the unfit. Segregation is expensive, special classes are expensive,—although perhaps no more so than institutional care for children who are too young to make any return in productive labour,—the feeble-minded at large in the community unsupervised are expensive. It is not a question of whether we shall or shall not pay for the care of the feeble-minded. It is merely a question of whether we shall pay blindly or consciously, whether we shall pay in crime, in courts, in reformatories, in prisons, in almshouses, or whether we shall pay in directed care calculated to give us the facts which may in time make control and prevention of feeble-mindedness possible.

It may be argued that such scheme is impractical because of the numbers to be supervised and the necessity for real supervision if the plan is to amount to anything.

From one point of view any complicated extensive task involving care of many human beings is impractical, it is never done simply or easily. The effective education of children in schools is a gigantic task, seemingly almost impossible of accomplishment. But we never consider abandoning it because results are not always ideal or economically

profitable. Successful supervision in the community is coming to be the final aim and ultimate criterion of achievement, for the hospital, the prison, the court, the reformatory, and the hospital for the insane. We call these systems probation, parole and after-care, and no one questions their value or measures them by their economic advantage. It really is not a question of whether or not a system of community supervision of the feeble-minded will be simple or cheap. It is a question of when we are going to begin to do this thing which has to be done before we can get any farther with the problem of feeble-mindedness, and how long we are going to flatter ourselves that the money for ungraded classes is well spent while supervision ceases when the greatest need for it begins. There is no use training children for the scrap heap. If supervision is too expensive, ungraded classes are rank extravagance.

Finally, to sum up, a system of community supervision of the feeble-minded in connection with the school system is absolutely necessary for a term of years, (1) in order to deal with the problem of control and prevention of feeble-mindedness while segregation and sterilization are as yet inadequate, (2) in order to get facts regarding the feeble-minded who can and those who cannot be adapted to life outside an institution, (3) in order to determine whether there is anything better than the colony plan for utilizing the labour of the feeble-minded, (4) in order to educate the community to an understanding of the problem, (5) in order to justify the existence of special or ungraded classes and render them really useful, (6) in order to provide an opportunity for the study of the individual cases not *a priori* delinquent or belonging to the group obviously requiring segregation.

Dr. L. Pierce Clark in a recent article* has put the matter in a nutshell when he says: "We shall never arrive at any proper understanding of the causes of prevention of feeble-mindedness until we reconcentrate ourselves anew to the individual case studies and make them thorough and detailed and see where they lead us, instead of studying this class *en masse*, which has been the popular mode of late. . . . Psychopathic traits, or, better, conduct disorders in the mentally-retarded and arrested children, need to be considered and studied on the broad plane of our present-day knowledge of personality and psychiatry".

* MENTAL HYGIENE, v. 2, pp. 23-33, January 1918.

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FIRST ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

THE first Annual Meeting of the Canadian National Committee for Mental Hygiene was held in Toronto on May 27th, 1919. Members were present from every province in the Dominion, and Colonel Thomas W. Salmon represented the (United States) National Committee for Mental Hygiene. The chair was taken by Principal W. H. Vance, of Latimer Hall, Vancouver.

Reports were received from the Medical Director, the Chairman of the Finance Committee, the Treasurer, and the Secretary. Owing to a train accident, the Chairman of the Executive Committee, Lieut. Col. C. K. Russel, was unable to be present at the meeting, and to give the report of the Executive Committee.

The accounts given by the various officers showed that splendid progress had been made during the last year. Such accomplishments as the Manitoba Survey, the Social Service Course in Mental Hygiene, war work, and investigations concerning immigration, were dealt with at some length.

Colonel Thomas W. Salmon, Medical Director of the (United States) National Committee for Mental Hygiene, gave an address dealing with the value of organized work in Mental Hygiene. In his address Dr. Salmon directed attention toward certain lessons that could be learned from the war neuroses and their management. He explained the nature of the war neuroses using illustrations showing that in most cases they were identical in their mechanism and outcome with the neuroses of civil life. The neuroses generally, he stated, represented an attempt of the individual to adapt. Unfortunately the adaptation, furnished by acquiring a neurosis, while useful biologically, was very often harmful to the individual and to society. The neurotic person seeking refuge from an intolerable situation in real life finds one made tolerable by the neuroses but thereby becomes a sick person and often loses in social and economic efficiency. Dr. Salmon said that the war provided a vast series of experiments in human adaptation and that the most valuable lessons can be drawn from these experiments if they are studied carefully and if the war setting is not permitted to divert attention from the real nature of the phenomena under observation. He described the successful efforts made in the A.E.F. to deal with the war neuroses at their inception or

even to prevent them in men experiencing unusual nervous reactions while under fire. The work of the psychiatrists in field hospitals, the Army Neurological Hospitals (advanced units situated ten or twelve miles behind the line) and the special base hospital for war neuroses were described in detail. These efforts constituted a series of obstacles toward the development of the fixation of the functional nervous diseases. The striking results obtained attracted a great deal of attention. It would be unfortunate, Dr. Salmon said, if this were regarded as only an interesting chapter of the medical history of the war.

Prevalent as the neuroses are in war they are many times more common in peace. The family, the school, and the shop each contributes its quota. Dr. Salmon contrasted the organized effort made in the army to prevent the neuroses or to cure them by early treatment with the almost complete neglect in civil life. The school, he said, corresponded in civil life to the most advanced neurological formation in the army. On the one hand, in war, a skilled psychiatrist had brought to his attention the earliest manifestations of mental disorder and was able to apply preventive or curative treatment. On the other, in peace, similar manifestations meet with no effort whatever at prevention or cure until they reach a severity or fixation which in the Army would result only in return to the United States. He urged the importance of directing attention to these matters in civil life and of creating an organization as capable of dealing with them as the organization for neuro-psychiatry in the Army. This, the speaker said, was a task for mental hygiene and he predicted that in years to come no field of preventive medicine would be regarded as having been more creditable to the enlightenment of the twentieth century than this new attempt to deal with disorders regarded for many centuries previously as only inevitable visitations.

The following were the officers elected for the ensuing year:

President: Lieut. Col. Charles F. Martin.

Vice-Presidents: Lord Shaughnessy, Sir Vincent Meredith, Sir Lomer Gouin, Sir Robert Falconer, Sir William Peterson.

Treasurer: Sir George Burn.

Medical Director: Dr. C. K. Clarke.

Associate Medical Director: Dr. Gordon S. Mundie.

Associate Medical Director and Secretary: Dr. C. M. Hincks.

Executive Committee: Lieut.-Col. Colin K. Russel, Chairman. Dr. Peter H. Bryce, Prof. J. A. Dale, Dr. C. J. O. Hastings, Dr. W. H. Hattie, Lieut.-Col. Vincent Massey, Major J. D. Pagé, Dr. C. A. Porteous, Prof. Peter Sandiford, Lieut.-Col. Charles F. Martin (*ex officio*); Dr. A. H. Desloges, Rev. Principal W. H. Vance, Hon. Dr. W. F. Roberts, Dr. J. Halpenny, Prof. R. G. Revell.

Finance Committee: D. A. Dunlap, Chairman. Sir George Burn, J. B. Holden, Esq., G. H. Ross, Esq.

The following new members were elected for the ensuing year: C. C. Ferguson, Esq., Winnipeg; R. W. Craig, Esq., Winnipeg; George F. Chipman, Esq., Winnipeg; W. P. Dutton, Esq., Winnipeg; Mrs. Charles Thorburn, Ottawa; Hon. Mr. Justice Blondin, Ottawa; Mrs. W. E. Sanford, Hamilton; Dr. Bruce Taylor, Kingston; Sir Auckland Geddes, England; Dr. L. Harwood, Montreal; Dr. Simard, Montreal; Prof. Carrie Derick, Montreal; Miss L. W. Barry, Montreal; Dr. Chagnon, Montreal; Archbishop Bruchesi, Montreal; Lieutenant Governor Grant, Halifax; Hon. E. H. Armstrong, Halifax; Hon. R. M. McGregor, New Glasgow; Dr. F. E. Lawlor, Halifax; Dr. E. Brison, Halifax; Rev. Dr. McPherson, Antigonish; L. Crease, Esq., Vancouver; Bishop Macdonald, Vancouver; Rev. Dr. Cutten Wolfille, N.S.

REPORT OF MEDICAL DIRECTOR.

The Canadian National Committee for Mental Hygiene has now been in existence for a year, and it is pleasant to report that such excellent work has been accomplished in spite of the fact that a great deal of time has been monopolized by the necessities of organization. The launching of a new enterprise always requires energy and patience, and your officers felt that so much depended on the elaboration of a carefully devised programme that they devoted every energy to the accomplishment of this.

The opportunity to show how well this had been done came when the proposition to make a thorough survey of social conditions in Manitoba reached us. At the request of the Public Welfare Commission of the Manitoba Government, we carried on this survey and made an elaborate report on the conditions found there. Part of this report has already been made public by the Welfare Commission and, as the recommendations suggested are being put into force, the Committee may rest assured that if nothing else had been accomplished during the year the Manitoba survey would alone justify its existence.

Bringing to bear, as it did, opinions not tinged in any way by local prejudice or political exigency, the National Committee workers were able to face their problems with open minds, and having the idea of reconstruction present, could do something more than make destructive criticisms.

The Manitoba Government showed courage in facing their difficulties and the result is not difficult to anticipate. Right thinking people are becoming tired of politicians, juggling for position and refusing to initiate reforms except at the point of the pistol.

The Western Provinces of Canada are showing the deepest interest in all social problems, and already the Government of British Columbia has

asked the Canadian National Committee for Mental Hygiene to undertake a survey similar to that made in Manitoba. This will be made, it is hoped, in June.

Your Medical Director at the request of the Soldiers' Civil Re-Establishment Bureau made a complete survey of all Western hospitals for the insane, where soldiers were confined as patients. This really meant a visit to every hospital for the insane in the Provinces of British Columbia, Alberta, Saskatchewan and Manitoba. The information gleaned during this inspection was of the greatest interest and gave a bird's eye view of the condition of affairs in connection with the insane in the Great West. It made clear the fact that the National Committee has an important work to do in the way of making suggestions regarding reconstruction. The people of the West are anxious to co-operate, realizing that the time has come to develop a new and better state of affairs in connection with the care of insane and defectives. This criticism might be extended to include the whole of Canada, as even in the older provinces the tendency has been to lag when the treatment of the insane is considered. Custodial care is the one thing generally aimed at, and even in this particular, justice has not always been done.

The hospitalization of institutions for the insane has not been accomplished except in rare instances, and it must be frankly admitted that as long as provincial governments are in control of the situation it will be difficult to force public opinion to act. The only hope for a betterment of conditions is to be found in the appointment of independent Commissions made up of men who have the interests of the insane alone, at heart. When such Commissions are established a different state of affairs than that existing at present will come about, as political expediency will cease to be the controlling force that it is at present. Asylums for the insane will then reach the high level at present occupied by general hospitals, and preventive measures will be adopted in a manner to likely produce results.

The war has brought to the surface the possibilities of occupational therapy and although Canada was the first to demonstrate in a few of her institutions, what could be accomplished by a proper development of industries in hospitals for the insane, the movement never became general, and in some instances early efforts failed as soon as the inspiration was removed. The policy of the National Committee should be that of developing interest in all of these hospitals in the establishment of clinics for the early treatment of incipient cases of mental disease.

The improvement of custodial institutions by the adoption of advanced curative measures, the careful treatment of individual patients by the most modern methods such as hydro therapeutics and occupational therapy, the thorough training of women nurses to take charge of nearly

all types of mental cases, the development of social service departments to educate the public to the importance of after care, as well as prevention, etc. The educational side of the programme is probably the most important on the list.

Realizing the importance of educational propaganda, the committee interested the Canadian Army Medical Corps in the problem of employing trained social workers in connection with various neurological units. Surgeon-General Fotheringham complied with our requests, and in two units workers of the type recommended were appointed. Their usefulness has been demonstrated beyond question, and so striking was their success that it was felt advisable to interest the Department of Soldiers' Civil Re-Establishment in a similar scheme. They saw the wisdom of this policy and also took advantage of the offer of the National Committee to develop a Social Service Course in which field work and training in psychiatry were made a special feature. Through the cooperation of the University of Toronto, the Department of Public Health of Toronto, the authorities of the hospitals for the insane at Toronto and Mimico, the Social Service Department of the Toronto General Hospital, etc., this course was rendered possible. The Department of Soldiers' Civil Re-Establishment sent no less than thirty-two nurses from all parts of Canada to obtain the training provided, and eighty-five students in all took advantage of the opportunity presented. This was gratifying as the venture was a new departure, and as only one such course had ever before been attempted in America, there was a fear that such a novel development might fall flat. The result proves that the people of Canada are deeply interested in the new movement to make mental hygiene a live issue, and although it was not possible to advertise the course as thoroughly as could have been wished, already inquiries about the possibility of repeating it next year are being received. The students express themselves as impressed by the importance of the topics discussed, the experience gained, the new point of view opened to them, etc., and it is evident that all will be helpful in moulding public opinion to an appreciation of the importance of the mental hygiene movement. If Social Service Departments of universities are to be successful they must make their courses of the same character as this Extension Session staged by the University of Toronto at the request of the National Committee for Mental Hygiene.

The investigations of the past year have more than ever demonstrated the possibility of the National Committee playing a most important part in the development of a great nation. Immigration is bound to loom up as a storm centre more and more as new conditions develop after the establishment of peace. We must have people to develop the magnificent heritage we possess, but never before has the

demand for an immigration carefully supervised been so evident. What we have learned in the different provinces has been verification of the belief that the immigration laws have not been wisely administered in the past. Of course, it is insisted that we lay too much stress on the apparently large number of defectives and insane met with, owing to the fact that we go out of the way to find them, and are inclined to exaggerate the number. Such criticism is without point, as our findings have been made over a very large territory, and are so constant that the possibility of error cannot enter into the calculation. Then again it is only among social workers we can get useful expressions of opinion. Their facts are gathered in the field rather than in the sanctum of the theorists, and after all, stubborn facts will not be downed. To illustrate the point. Some of the statements made by us regarding the necessity of a more careful supervision of the individuals brought to Canada by certain Homes met with a storm of protest, and it was thought that we were discouraging laudable efforts of a high character. Nothing could be more remote from the truth. Much as the desire to give certain unfortunate children a better chance in a new country is to be commended, it is only too evident that in our desire to aid a great humanitarian movement we should not allow ourselves to have imposed on the country a group of defectives who are a terrible menace to any community to which they go. There is among social workers all over Canada a belief founded on facts, that certain types of immigration such as that referred to, call for the most careful supervision. The reply is made by those interested in bringing these children to Canada that they are not only cautious in the selection of their wards, but their figures will show results not to be gainsaid in favour of the methods adopted. Our facts show that their follow-up system is not satisfactory. Take for example, the shocking facts that have come to light in the Toronto General Hospital where in a very short time no less than thirty-two girls of immoral type have come under observation, nearly all unmarried mothers, many of them prostitutes and suffering from venereal disease, and all of such mental type that they should never have been permitted to enter Canada. The burden imposed on this young country by even this group is a monstrous one, and no matter how strenuous the opposition may be to a thorough investigation of all applicants for admission to Canada the duty of supervision should be undertaken fearlessly and with the desire to protect the best interests of the portion of the kingdom.

This question of the admission of foreign born defectives has been brought into prominence by the survey now being made by us of the public schools in Toronto, where it is possible to make a fair estimate of the actual conditions. Enough has already been learned to convince us that the work of inspection was improperly done at the ports of admission

as numberless cases of obvious mental defect of foreign birth are to be met at practically every school visited. When what is seen in one centre alone is multiplied as frequently as it must be to give the exact truth, we are astounded at the size of the problem to be grappled with.

This local survey also brings to mind the truth that the whole school population of Canada should be inspected by competent psychiatrists with the idea of effecting an organization which would free teachers from the unnecessary burden of attempting to do the impossible, and normal children from the danger of association with those who may easily contaminate them. When it is pointed out that the school population of Toronto is something over 80,000 the magnitude of the task undertaken may be appreciated.

The establishment of a Journal of Mental Hygiene was inevitable as it forms the necessary link to keep in touch with the reading public which must be informed of the work being done. The first number has elicited praise wherever it has gone, and there is no reason to doubt the necessity of publicity in such a movement as that of Mental Hygiene for, after all, people are moved much more easily by specific facts rather than general statements. Not only that, we must have some means of recording and preserving the results of our many endeavours.

So much has the importance of publicity impressed itself on us that the Medical Director has written several series of articles on social problems giving facts and figures regarding the work being carried on. These have been published chiefly in the West and have brought the work of the Committee prominently before people who are interested.

Many other important matters were dealt with, and it is more than evident that it will require every resource available to keep up with the programme outlined.

SECRETARY'S REPORT.

When the Committee was organized a year ago it was evident that there were perplexing problems of a serious nature in Canada that would demand our immediate attention. The most pressing problems were those connected with mental and nervous disability in the Canadian army, with immigration, and with the prevention, control, and adequate treatment of mental abnormality from Halifax to Vancouver.

In the hope that this organization could achieve material success in its important national work, moral and financial support was freely given by many eminent Canadians. They gave assistance on the understanding, however, that it would not be the aim of the Committee merely to carry on a campaign of educational publicity. A man in the city of Quebec expressed this sentiment clearly when he said, "You may flood the country with useful literature, but that will not necessarily be an

index of accomplishment. Real progress will be demonstrated by increased facilities for treating and preventing mental disorders in the army and among civilians, and by securing adequate methods of debarring from Canada mentally unfit immigrants."

With the comment of this practical business man of Quebec in mind, have we, as a Committee, made progress during our first year of activity? In a very few words I will state what has been accomplished.

I. Army.

We have succeeded in improving the care and treatment of returned soldiers suffering from mental and nervous disability. Through our efforts the hospitals of Western Canada caring for these men have been inspected, with the result that better treatment is being secured in many of these institutions.

At our suggestion, soldiers who have been discharged from hospitals for the insane will in future be supervised in their homes by workers that we have ourselves trained. This measure will tend to prevent relapse.

In two military districts we secured social workers whose home investigations assist physicians in making diagnoses, and in making the best disposal of cases.

II. Prevention, Control and Treatment of Mental Abnormality.

As a result of our Manitoba Survey legislation was passed to put into force recommendations that will place Manitoba in the van in Canada, in preventing and treating mental abnormality.

Another provincial survey has been planned for British Columbia.

The Committee has conducted intensive studies in Toronto and Montreal as a preliminary measure to complete surveys of Ontario and Quebec.

We are employing a trained social worker at Longue Pointe Asylum, Montreal, the largest hospital for the insane in Canada. Here work should demonstrate the clinical and economic value of social service among the insane, and should be the starting point for the introduction of social service into every hospital for the insane in Canada.

III. Immigration.

The Committee has collected data demonstrating the dire results that have come to Canada following the old-time methods of immigration inspection. At our request, Professor Smith is writing a book on the subject. The effect of our work has already been felt in Ottawa, and was in some degree responsible for recent progressive legislation.

POLICY FOR THE FUTURE.

1. *Organization of Committee.*—Past history has demonstrated that our Committee has been organized on a sound basis, and is admirably suited to carry on the national work. We must thank the National Committee for Mental Hygiene of the United States for leading the way and for giving us the idea that we have followed with success.

2. *Finance.*—Experience has taught that we need an annual budget of at least \$40,000. With less money our work will tend to be local and not national. We must perforce do much travelling, because Canada is a big country. Last year your salaried officers travelled 60,000 miles in Canada—and travelling costs money these days. While \$40,000 is no doubt a considerable amount of money, I believe that it could not be spent to better advantage than through the channel of our committee. Our rate of interest or dividends in practical social betterment in this country is high.

3. *Surveys.*—If Manitoba is a fair demonstration of the value of Provincial Surveys, we should conduct similar studies in all of our nine provinces. It is my belief that if this work is performed we will transform the entire method of dealing with abnormals from coast to coast, and place Canada equal, if, indeed, not ahead of any other country in the world in practical Mental Hygiene.

4. *Immigration.*—Our Committee has demonstrated that it can be of help in immigration. Its value in the future lies in evolving a practicable plan of immigrant inspection, and of training officials for their work. Indeed, this assistance has been requested by the Minister of Immigration and Colonization.

5. *Extension of Committee's Work to include Mental Hygiene for Normals.*—Without in any way neglecting the problem of mental abnormality, we can, if funds are available, conduct useful studies in Industrial Psychology, Educational Psychology, and Psychology of Recreation. Such studies are urgently needed in Canada at the present time. For example, studies in Industrial Psychology might point the way to the prevention of industrial unrest. Studies in recreation might demonstrate how unhealthy excesses could be replaced by healthy activity; and educational research might show more clearly the defects of past methods and the way to a better system.

CONCLUSION.

In conclusion I would like to thank the friends of the Committee for their support and encouragement during the past year. Our office files are full of congratulations, well wishes, and helpful suggestions. Under such circumstances your officers have been stimulated in their work, and their endeavours were made enjoyable.

I want to thank Colonel Salmon for journeying at this time to Toronto. No man on this continent has done more to put into practice on a large scale the principles of Mental Hygiene. His work in France with the American troops was a remarkable demonstration of the value of modern mental hygiene methods. His work in the United States prior to the war is too well-known to need comment. He has come to us at a time when he can help us most materially in shaping the policy of our Canadian Mental Hygiene Movement. I hope that when he leaves, he will feel that he has many friends on this side of the border, and will feel constrained to pay frequent visits.

SPECIAL AUXILIARY CLASSES*

MRS. W. E. GROVES

School Trustee, Board of Education, Toronto.

WHEN the Committee from this Board appeared before Mr. Justice Hodgins, at his request, to consult with him *re* the problem of the mentally defective child, the attitude of his Lordship seemed to be one of disappointment that this Board had done nothing towards dealing with the problem. As I was leaving the next day for the United States, and expected to be in both the States of New Jersey and New York, I told the Judge I would, as far as I could, find out how the Boards of Education in these two States dealt with the problem, and as this Board has asked for my report, I give it with a good deal of pleasure, for I feel that the United States is far in advance of us in this particular.

I found that in both these States a great deal of thought was given to the varying needs of the different children in the same school. There were four kinds of special classes that I visited, and I should like briefly to refer to three of them, before touching upon the classes for the sub-normal children.

1.—THE Terman Class.

This is a class for the unusually bright child, and has been named (for want of a better name) after Dr. Louis Terman, who wrote "The Measurement of Intelligence". It is argued that the schools have taken care of the lower types of intelligence and the average types, and as these specially bright children are going to be society's greatest asset they are entitled to progress at the rate of speed that is desirable and normal for them. If defective children of ungraded classes were worthy of a course of study peculiarly adapted to their limitations certainly an enriched curriculum ought to be provided for children whose capabilities extended to the highest degree of attainment. These children go through school rapidly; thus, it becomes a matter of economy. The ratepayers will appreciate that phase of the matter.

It was interesting to me to hear how these classes began. Some years ago a psychologist was appointed by the Public Education Association of New York City to make a comparative study of the ability of the retarded children in the first grade and an equal number of so-called

*Report furnished Toronto Board of Education, June, 1919, by Trustee (Mrs.) Groves, following visit to various Auxiliary Classes in the United States.

average children. She discovered a boy who had attended school about one month. His mental age was two years ahead of his chronological age. His physical development was superior to the average child. He was promoted as soon as he acquired the essential features in each grade and without any conscious effort on his part, he accomplished the work of nine grades in two years. He was especially fond of outdoor sports, took his school work as a matter of course and showed no indication of special interest in his books or in his study. It was not long before other children of unusual ability were discovered. A special class was formed as an experiment.

I visited several Terman classes, and in every one I was pleased with the type of child. All looked healthy and all were well developed physically. On the face of each it seemed to me that I detected an unusually bright, alert look. They were doing work that was largely original. I found one class writing little lyrics that described the work of Florence Nightingale. A girl sang for me a song, and both words and music she had composed. Another danced a folk dance which she had arranged.

The teachers of these classes are carefully chosen. Each teacher must show initiative, ability to meet new situations, she must lead the children to follow high standards, and her scholarship must show superior merit, especially in language.

A hard and fast rule has been laid down regarding the children of the Terman classes; it is this, that no pressure of any kind must be brought to bear upon them.

These classes are only in their infancy. So far they are but in the experimental stages. An opinion regarding their value to the child and to the community will carry much more weight twenty years from now than at the present time. No one can come to a definite conclusion regarding their ultimate good. But there is this to be said about them, many of the pupils bid fair to becoming quite above the average. One girl has shown special skill in technique in playing the piano. One boy is making marvellous progress in his law studies. Another is becoming known as a linguist—already has a large vocabulary in many tongues. Another has won many prizes in art, her work in crayons and in clay having won for her prizes in Wanamaker's.

2—THE CLASS FOR NEUROTICS.

This class was held in an open-air schoolroom. The children were of the highly-strung, nervous type, their mentality was not particularly low. The teacher explained to me that at times many of them appeared quite normal; then without any apparent reason they became restless, unmanageable, nervous and hysterical. The Psychiatrist had given

it as his opinion that a large percentage of these pupils would end their days in an asylum. In the meantime they were receiving special care at the hands of a kind, quiet, low-voiced teacher. Cots were provided, and at stated times the children took their rest, lying on a cot and sleeping, if they felt so inclined. The municipality provided milk, and each child had a cup of milk in the morning and one in the afternoon. Many of the children after having spent some time in this class were able to go into a restoration class and then back to their grades, apparently cured. While I was in this class, I was startled by seeing a child dart out of his seat, run around the room, exclaiming excitedly, "You can't catch me!" The teacher replied in an even tone as though nothing unusual had happened, "Nobody is trying to catch you, Sammy!" and Sammy resumed his seat. The teachers expressed themselves as being quite certain of the value of this class to the neurotic child.

3.—THE RESTORATION CLASS.

It sometimes happens that a mistake is made by the Psychologist who applies the Binet tests. A child who has given every evidence of being mentally deficient may prove to his teacher afterwards that his mentality is not low, but that for some other reason he failed in his tests. His knowledge of English may have been poor, his eyesight or his hearing may have been defective, or he may have been too nervous to have understood the questions asked of him. The teacher finds this out and he is sent to the Restoration Class, given special teaching, and as soon as he is able he is placed in the grade where he rightfully belongs. Many of the neurotic children by passing through this class after they are dismissed as cured are able to pass into a regular grade.

4. THE CLASS FOR THE SUB-NORMAL CHILD.

The schoolmen of Newark, N.J., are very fond of telling the visitor that in the matter of dealing with the sub-normal child Newark holds front rank. Whether that is so or not, I am not prepared to say. Certainly, I saw remarkable work along this line. The law of New Jersey demands that where a child is three years below normal he must be placed in a special class, where only fifteen may be enrolled, and a specially-trained teacher must be placed in charge of the class. This has involved considerable expense, usually about threefold in the cost per child. What has been the justification for this expense?

1st.—The regular teacher has been relieved of the burden of dealing with these children. Consequently she has been better able to deal with the normal child in her class.

2nd.—It lies in the opportunity that these classes offer as experiment stations. Here we see a frank attempt to adapt the course of study to the needs of the pupil.

3rd.—It offers the sub-normal child an educational opportunity.

It was most interesting to me to see how they arrived at conclusions in regard to the mentality of the child. In the Robert Treat School in Newark I met Dr. Maxfield, an eminent psychologist, who invited me to attend his clinic. In this clinic he decides the Intelligence Quotient of the child—that is the Quotient derived from dividing the aggregate mental age (reduced to months) by his aggregate chronological age (reduced to months). Some idea of the child's mental age may be gained from the school records, then the Binet tests are applied, and so the psychologist is able to form a conclusion as to whether the child is of average ability, below the average, or above the average. I saw Dr. Maxfield deal with several sub-normal cases, and some border-line cases. I have with me copies of many of the tests applied that may be of interest to the members of this Board. He commenced with a board that had spaces of different shapes, and into these spaces the children fitted corresponding figures. Some accomplished it perfectly, and at once. Others fumbled away at it. I saw children trying to fit a square block into a round hole and looking quite surprised to find they did not match. To the children it was all play, and any nervousness they might have felt was dispelled by Dr. Maxfield's manner. There were cut-out puzzles. In one was a picture of a boy dressing. He had one boot on, and a square was cut out for the child to fill in. Some at once supplied the missing boot. I saw one boy trying to fit a head where the boot should have been.

These Binet tests convince the psychologist that there are several grades of these sub-normal pupils, and he tries to place them, as nearly as possible, in classes suited to their needs.

I visited Binet School Number Two, Newark. Here they have an enrollment of one hundred and twenty, and all are subnormal. Very little academic work is done in the school. An effort is made to teach the children to read and write, but most of the children are of such low mentality that even that is not possible. Physical culture is taught, folk dancing, singing and a great deal of handwork is done, and all the shops are in charge of women. I asked the Principal why that was. She laughed as she replied: "We have yet to prove that men have patience enough to deal with the problem". In the toy shop I saw wonderful toys being made. Jointed clowns that danced when you pulled a string, kiddie cars, waggons, dolls' furniture, dolls' beds, for which the girls in the domestic art department made the mattresses and the bedding. In one room I saw the children weaving on a hand loom, and very expert

they were. Little girls were making underwear and middies for themselves, in some cases edging the garment with crocheted lace. Both boys and girls were doing raffia work. The city supplies milk for the children in this school free, and the Domestic Science prepares a lunch that the children may buy at cost. As the accommodation is limited, there is a long waiting list of pupils.

In New York City there are four thousand sub-normal children being cared for in the schools. Miss Elizabeth Farrell, the supervisor of special classes, is asking for three hundred and forty more classes. She told me she did not expect to get them, and if she did she did not know where to go to get teachers, for the teachers of these classes are specially trained. The School Board gives them leave of absence with salary, and they go away to training school for this special work.

In Public School Number Sixty-Four, Manhattan, I saw different grades of the sub-normal classes. I spent a good deal of time in the ungraded classes, where the children do nearly all shop work. The psychologist discovered a boy of ten who was mentally only two. It was impossible to teach him any academic work, so the teacher did not waste much time trying. Many other children were discovered whose intelligence was on a par with his. These children were the lowest types mentally in the school, and their work is almost all handwork. The teachers try to give them just enough academic work to be a sop to the parents. The Principal, Mr. Louis Marks, told me of how they overcame one difficulty in connection with this ungraded class. The other children discovered that these children were not very bright, so they christened it "the dippy class", and called the children "nuts" and "squirrels". The name of the class was immediately changed to Junior Shop and these children were given special privileges. The Cristodora House and the Boys' Club in the neighbourhood allowed them to belong to the gymnasium and also to use the swimming pools. The day I was there a perfectly normal boy, feeling that he was missing something, asked Mr. Marks what he could do to pass into the Junior Shop.

I said to Miss Farrell: "Why do you segregate the subnormal children?" This was her answer: "First, for the sake of the normal child, who should not come in contact with that type; second, for the sake of the teacher, who should not have to be worried with mental defectives; and third, for the sake of the sub-normal child". "Is it worth while?" I asked. "Do the results justify the expense of this special training, not from the standpoint of the normal child, nor from the standpoint of the teacher, but from the standpoint of the mental defective?" And once more she answered: "Fifty per cent. of these children are able to live in the world and do the world's work, after having passed through our special classes".

After a mental defective has left school, the work of the school is by no means ended. Special officers are appointed who follow up the cases. One of these officers visits each home where there is a mental defective, confers with the parents, tries to obtain employment for the ex-pupil, enlists the sympathy of the employer, in short, acts, not as a detective, but rather as a "guide, philosopher and friend" to the poor unfortunate.

I should like in closing to give a few figures that were to me rather enlightening.

The average wage in New York City for the mental defective who passes through one of these special classes is Ten Dollars per week. The highest wage paid to any one of them is Thirty Dollars a week. This sum is earned by a low-grade idiot, but faithful and industrious, who works in the subway, but who is paid in accordance with the risk he runs. His is very heavy manual labour.

Eleven out of 600 of these mental defectives are sent to Penal Institutions. Thirty out of 600 have to be cared for in Custodian Homes. Six out of 600 end up in Hospitals for the Insane.

Thirty per cent. are Jewish; 30 per cent. are Italian; $12\frac{1}{2}$ per cent. are Negroes; 17 per cent. are Slavic, leaving only about 10 per cent. who are children of white American parents. It seems to me that these figures are sufficient to suggest to Canada that she guards well her ports of entry.

(Referred to the Special Committee appointed by the Board *re* Auxiliary Classes, June 19th, 1919.)

MENTAL DEFICIENCY IN RELATION TO VENEREAL DISEASE*

A. F. TREDGOLD, L.R.C.P. (LOND.), M.R.C.S. (ENG.), F.R.S. (EDIN.).
*Author of "Mental Deficiency" and formerly Medical Expert to the Royal
Commission on the Feeble-Minded, etc., etc.*

IN order fully to appreciate the importance of the question of venereal disease in relation to mental defectives, it is necessary to bear in mind the essential characteristics of this class.

Mental deficiency, or amentia, is a condition of arrested or imperfect development of the mind. It occurs to the extent of approximately one such person in each 248 of the general population; the total number of mental defectives of all ages in England and Wales in the year 1906 being estimated at about 139,000 individuals. Of this number it is probable that rather less than half are females, and rather more than half males.

The condition is divided into four groups, respectively known as idiocy, imbecility, feeble-mindedness and moral imbecility. The *idiots* and *imbeciles* are the most deeply defective. They are practically incapable of following any useful occupation, they cannot protect their own interests, and the idiots cannot even guard themselves against common physical dangers. Idiots and imbeciles together only comprise about one quarter of the total number of defectives, and, since venereal disease is exceedingly rare amongst them, they need not be further considered here.

The *feeble-minded* are the most numerous of all defectives, and, as a class, stand on a decidedly higher plane than the imbeciles. They can do useful work and are capable of being employed in many simple, routine occupations. But they require more or less supervision in their work and many of them are so irresponsible, wayward and undependable that employers find them almost more trouble than they are worth. Their chief defect, however, is one of wisdom. Although they may earn money, they are quite incapable of laying it out so as to provide for their wants. They can rarely learn from their mistakes or profit by their experience. Many of them are gentle, confiding, simple creatures, who will fall in with any suggestion made to them, whether for good or for evil, and are thus quite at the mercy of their environment. If this is good they will lead placid, harmless, contented lives; if it is bad they

*Reprinted from pamphlet issued in 1918 by the National Council for Combating Venereal Diseases, 81 Avenue Chambers, Southampton Row, London, W.C.1.

will just as readily lead a life of immorality or crime. They have no ambition and make no plans for the remote future, and if they did, they would not have the strength of will or the necessary wit to achieve them.

The *moral imbeciles* differ from the feeble-minded in two important respects. First, intellectual defect is usually much less obvious. The term imbecile, indeed, is somewhat liable to give rise to misconception regarding this class, for few of them are imbeciles as the word is ordinarily used, and many of them evince a considerable degree of intellectual ability or even brilliance. They are imaginative, cunning, adepts at inventing and carrying out schemes and capable of giving most plausible explanations of their behaviour. Many of them are well-favoured and of quite attractive appearance, quite unlike the ordinary ament. Secondly, and most important, they have no moral sense. They are fundamentally incapable of appreciating the difference between right and wrong; they have no conception of honour, honesty, morality or any social virtue. They will lie, thief, injure and destroy without the slightest compunction or shame, and they will persist in these actions whenever they get the chance, without being at all deterred by any recollection of past, or thought of future, punishment. They are inherently incapable of conforming to the legal and moral codes of society. In addition, a considerable number of this class have pronounced erotic tendencies. Their defect, however, is not only moral. In spite of their plausibility and seeming intelligence, the fact that they persist in a course of action which has in the past brought punishment, and which will inevitably bring punishment again, shows that they also, like the feeble-minded, are lacking in the wit and wisdom necessary to manage their affairs, to protect their interests, and to control their present desires for the sake of future advantage.

It is obvious that these two classes of the feeble-minded and morally defective are characterised by certain defects and tendencies which will result in their readily contracting and spreading venereal disease, should the opportunity occur. For, whereas the normal girl, if properly instructed, is able to realise the dangers which may result from illicit sexual intercourse, the feeble-minded one is not. Whereas the normal girl is usually able to resist more or less chance solicitation, the feeble-minded one is not. And whereas the normal girl who has happened to fall and contract venereal disease has usually (unless she is a professional prostitute) learned such a lesson that she is not likely to repeat the offence—the feeble-minded one is lacking in the capacity to profit by such an experience. Her very defect renders her unconscious of the risk she may run in yielding to suggestion, indifferent to and unashamed of the state she is in, oblivious of the effect it may have upon her health,

and of the need for seeking treatment, and undeterred from yielding to subsequent solicitation.

The likelihood of the morally defective girl contracting and spreading venereal disease is even greater. For whilst the feeble-minded girl is usually a weak-willed, passive, simple creature, who readily yields to suggestion when it comes in her way, the morally defective one is usually an active, energetic, attractive and utterly irresponsible girl whose erotic tendencies impel her to go out of her way to seek sexual intercourse; and, having contracted disease, she is just as regardless of the consequences, and even more unashamed than is the feeble-minded. From being non-moral, she has become definitely immoral, and she will become an even more active agent in the dissemination of these diseases.

There is no doubt that opportunities for the sexual intercourse of these two classes have been greatly increased in consequence of certain conditions created by the war. In the first place, many feeble-minded girls are now much less under adequate supervision. This is due to the fact that they are employed under circumstances which admit of their greater freedom. Owing to the number of men called up for military service, and the number of men and women who have left their ordinary occupations to engage in special work in munition factories and elsewhere, the lower ranks of labour have been greatly depleted. This has provided employment for many feeble-minded girls who were formerly at home; they are now earning wages, they have become independent, and this independence has resulted in increased liberty. For they are subject to no organised oversight; even the feeble-minded domestic servant has her night out, and the girl who is employed on the land or in the factory is subject to even less supervision. The same remarks apply to an even greater extent to the morally defective girl. But here, in addition to the readiness with which these can now obtain employment, the effect of which is to make them quite independent and to increase the intractability and intolerance of control which is such a marked feature of this class, the conditions are such as readily to conduce to a life of prostitution, and it is unquestionable that many moral defectives now earn a living by this means.

The country is flooded with young men who are for the most part away from their families and the ties of home. Many are on leave from the front, others are undergoing training in vast military camps and are free in the evenings to seek their pleasure in the nearest town. And the War has not only broken down many social barriers; it has loosened, or abolished many restraining conventions which formerly obtained. It has brought about a greatly increased companionship and freedom of thought and speech and behaviour between the sexes, and it cannot be doubted that it has greatly increased the tendency to illicit sexual intercourse.

Knowing these conditions, and bearing in mind the special defects and propensities of the two classes I have described, I think we should inevitably be led to certain conclusions. We should expect that, owing to their erotic tendencies or weakness in resisting suggestions, sexual intercourse would be relatively more rife in the case of those girls who were morally and mentally feeble than in the normal; consequently we should expect to find a relatively greater prevalence of venereal disease in these two classes. But, as we have seen, these persons have not the capacity to learn from experience like the normal girl; they neither fully appreciate the state they are in, nor are they deterred thereby from further lapses, we should therefore expect them to play a relatively greater part in the dissemination of these diseases. Is there any evidence that such conclusions are justified?

As will readily be understood, there are few conditions regarding which it is naturally more difficult to obtain reliable data; and, as a matter of fact, I am unaware of any extensive series of statistics dealing with the incidence of these diseases either amongst the normal or the mentally abnormal sections of society. As a result of my own experience, however, supplemented by some enquiries which I have made elsewhere, I have no doubt that these *a priori* conclusions are fully justified, and that mental defectives do indeed play a part of the utmost importance in contracting and spreading these diseases.

I have noticed during the past two years that, of the mentally defective girls coming into a rescue home of which I am the physician, many now have venereal disease. I have ascertained that this has often been of some weeks' duration, and that during this time these girls have been engaging in promiscuous sexual intercourse, and I have not the slightest doubt that during this time they have spread disease to a considerable number of healthy persons. In illustration of this point I may briefly mention the following case which has quite recently come under my notice, and which, I believe, is but typical of many throughout the country.

A well-developed and attractive-looking girl of 16½ years was apprehended by the police on the charge of frequenting a soldiers' camp for immoral purposes. She had had several situations, each of which she had only kept for a short time, and for some weeks before being arrested she had been frequently in the company of soldiers. She was placed on probation and sent to a training home. After being there a short time she absconded with the clothes of another inmate and several articles of jewellery. For a time she lived upon the streets, she was then discovered by her relatives and prevailed upon to return home. After a short interval she ran away from home, stealing her sister's clothing, and for some weeks she again roamed the streets. She was then arrested

by the police and charged with theft. On examination by the police surgeon, she was found to have venereal disease. I was called in to enquire into her state of mind and found her to be a pronounced moral imbecile with strong erotic propensities. On my evidence, the magistrates directed that she should be remanded to a "place of safety" and a petition presented under the Mental Deficiency Act. The only suitable place of safety which could be found was a lock hospital and to this she was accordingly sent. After being here a fortnight she again made her escape, taking with her another defective girl who was also under treatment. She roamed the streets of London for 10 days, and from what I know of her amorous nature, and her particular penchant for soldiers, I have not the slightest doubt that she was spreading venereal disease to 4 or 5 soldiers every day she was free. Finally she was again arrested, charged and sentenced to two months imprisonment, which she is now serving. The local authority have secured a vacancy in an institution and intend to present a petition before she is again set at liberty; but there is no doubt that had she been detained earlier, very much harm to the community would have been prevented.

I have mentioned this case, not because it is unusual, but because I believe it to be merely an illustration of what is now going on throughout the country. As a matter of fact many similar cases have come under my own notice several of them being in girls of good social position and family connections. In my opinion the contraction of venereal disease by the normal girl is relatively a more or less exceptional incident (although the total number affected is doubtless considerable), but the contraction and spread of venereal disease by the moral imbecile is the rule, and, so long as she is free, a result which is almost inevitable under the present conditions.

In order to obtain further evidence as to the incidence of venereal disease in the mentally defective, I communicated with the medical officers of the Lambeth Infirmary and the Lock Hospital. Dr. George F. Stebbing, of the former, who has taken a great interest in this question, says that a very large number of girls are treated in the infirmary for venereal disease, and that, in his opinion, it is within the mark to say that more than a third show recognizable mental defect. He does not think there is any doubt that I am correct in considering that the incidence of these diseases is decidedly greater in the mentally defective than in the normal population. Dr. Stebbing further states that he has seen several cases that have returned more than once with re-infection, often bearing more than one illegitimate child. Dr. Murphy, of the Lock Hospital, says that in his opinion at least 50 per cent. of the cases passing through the hospital are mentally deficient, although the number actually certified as such is very small.

Although it is not possible to quote any extensive series of statistics, I think it will nevertheless be clear, from what has been said, that the question of mental defect and venereal disease is one of very great national importance and urgency. The question now arises as to what means we have of dealing with these cases.

It is to be remembered that the class to whom we are now referring are not mentally normal. They suffer from a defect of mind which is not only well known to the mental specialist, but which is now recognized by the law of England. For this defect they are not responsible, and it is not punishment but *protection* which should be meted out to them.

To a considerable extent such protection is afforded by the Mental Deficiency Act of 1913, and there can be little doubt that had this Act been adequately administered before the war, much of the evil we are now considering would have been averted. Unfortunately this was not done and it will not be inopportune briefly to consider the causes of this, in the hope that, even now, steps may be taken under this Act to prevent further evil. The chief provisions of the Act will be described presently; it may be remarked here that its object was the two-fold one of affording protection to the mentally deficient against certain inimical elements in society and of affording protection to society against the irresponsible depredations and anti-social propensities of certain of the mentally deficient.

The administration of the Act is in the hands of a Central "*Board of Control*" and various "*Local Authorities*". The former is a Government department and its duties are chiefly those of general supervision. The local authorities are the county and county borough councils and their duties are chiefly administrative; they are required to ascertain what persons within their respective areas are defectives, subject to be dealt with under the Act, and to provide suitable accommodation and supervision for such persons. The Board of Control, whilst paying due regard to the recommendations of the Committee on public retrenchment, are keenly anxious to secure adequate provision for all cases of real urgency which can be dealt with under the Act, and in a recent circular they have defined the conditions which may be held to constitute "urgency". It is doubtful whether all mentally defective persons suffering from venereal disease would come within these definitions, but there is little question that the Board would favourably consider any applications for dealing with special cases of this kind which were made to them. The circular expressly states: "In doubtful cases, however, or special cases outside the definition, where the circumstances are such as, in the opinion of the local authority, to justify their being classed as "urgent", particulars should be submitted for the Board's consideration before steps are taken".

There can be no question that the chief reason for the present very unsatisfactory state of affairs lies not in any defect of the Act, nor of the Board of Control; but in the neglect of the local authorities to administer the Act. This is shown by the fact that although the Exchequer was prepared to pay the sum of £150,000 per annum to local authorities for this purpose, in the year 1917 only £79,000, a little more than half this sum, was actually utilized. There are, it is true, some authorities who have realized the importance of, and discharged, their duties; indeed these have been unable to cope with all the urgent cases in their area for the reason that they have exhausted the sum allocated to them by the Treasury, and a reconsideration of the financial arrangements of the Act is a pressing need; but the majority of local authorities have been content to let the administration of the Act remain in abeyance, and I cannot but feel that this is a most shortsighted policy and one which is the reverse of economical. There are, of course, many social problems which the nation would not be justified in spending time and money and energy upon, whilst it is engaged in this terrible war—they may well wait until the return of peace; but it is very doubtful whether the problem of the mentally defective is one of them, and the question of such of these persons as have contracted, or are even likely to contract, venereal disease, is certainly not. It is very necessary, therefore, that every effort should be made to impress the importance of this matter upon local authorities, and that they should be urged to discharge their duty, alike to the mentally defective and to the nation, in this matter. This neglect is chiefly, if not entirely, due to the fact that the members of these authorities have not hitherto realized the gravity of the question, and I believe that this only requires to be brought to their notice to result in the necessary action being taken. The great defects at the present time are that we are practically quite out of official touch with the great mass of mental defectives who are at large, that we neither know who nor where they are, that we have no system for finding out or for exercising supervision over their movements, and that there is a woeful inadequacy of suitable accommodation for such as should be placed in institutions. The case I have already mentioned illustrates the danger which results from the great difficulty and delay in finding vacancies in institutions. For these reasons I am of the opinion that the matters which should and could be dealt with at the present time are; firstly, the ascertainment by each local authority of all the defective persons within its area; secondly, an adequate system of oversight by suitable visitors; and thirdly, the provision of accommodation for those whose liberty is a danger either to themselves or to the community. Many of the more urgent cases come, at some time or other, within such institutions as prisons, workhouses, lock hospitals and rescue

homes, and the medical officers of these might well be requested to notify those whom they consider should be certified to the local authority. I am well aware that under the present conditions medical officers have very little time at their disposal, and these cases are not always easy to diagnose by the non-expert. Moreover, it is very essential to avoid any action which might deter persons suffering from venereal disease from seeking treatment by reason of the fear that they might be certified as mentally defective. But the danger is a real one and these difficulties are not insurmountable. It would probably at the same time prevent any mistakes in diagnosis, ensure public confidence against any infringement of the liberty of the subject, and be a real economy, if the practice were adopted of referring all doubtful cases to a recognized specialist in this department of medicine.

In conclusion, it may not be unnecessary to point out that although my remarks have chiefly had reference to the female sex, this is no sex question. I am strongly of the opinion that any mentally defective person found to be suffering from venereal disease, of whatever sex and age, constitutes such a danger to the public that he or she should be detained. But it seems to me probable that the feeble-minded youth is, by reason of his defect, less likely to have opportunities for sexual intercourse than is the feeble-minded girl, and it is certainly my experience that he is a less active agent in the spread of venereal disease, consequently I have dealt chiefly with the female sex. The necessity for detention, however, applies equally to affected males and females.

NOTES AND NEWS.

CONFERENCE ON VENEREAL DISEASES, OTTAWA, MAY 29th-30th, 1919.

A FURTHER step towards the organization of the social programme for Canada was taken when representatives of the different provinces met in Ottawa at the call of the Acting Premier, Sir Thomas White, to discuss further the control of venereal diseases. Among those present were:

Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene.

Dr. P. H. Bryce, Chief Medical Officer, Department of Immigration, Ottawa.

Dr. A. H. Desloges, Superintendent of the Insane Asylums of the Province of Quebec.

Dr. W. H. Hattie, Provincial Health Officer, Halifax.

Dr. J. D. Pagé, Chief Medical Officer, Port of Quebec.

Hon. N. W. Rowell.

Hon. William F. Roberts, Minister of Health, New Brunswick.

Capt. Gordon Bates, Toronto.

Dr. Arthur Simard, President, Superior Board of Health, Quebec.

A long discussion took place on the question of raising the embargo on the preparations of salvarsan and other remedies for the treatment of syphilis. As a result of this discussion it was decided by the Committee that the Government be asked to raise all restriction on the importation and manufacture of these drugs in Canada. A committee was appointed to interview the Hon. R. Rowell on the question of the Federal Government granting each province financial assistance in combating the problem of venereal disease.

The Conference appointed three committees, first was to look after the question of the formation of the National Organization, which Organization would attack the problem of venereal disease from the national standpoint. The second committee was appointed to look after relations between the different provinces and the Federal Government. The third committee was to co-ordinate and help along the different social agencies now existing in Canada.

The National Committee, composed of twenty-one members, should be of great service to the new Minister of Public Health. Dr. J. D. Pagé, of Quebec, was appointed temporary chairman of this Committee.

As a result of this conference, the following objects were attained:

1st.—Promise of financial assistance from the Federal Government.

2nd.—Promise from the Federal Government that all restrictions on the importation and manufacture of anti-venereal medicine would be removed.

3rd.—Formation of a National Committee.

4th.—Nomination of temporary presidents for each provincial committee.

A STUDY OF A CLASS OF CHILDREN OF SUPERIOR INTELLIGENCE.

BY HENRIETTA V. RACE.

Jan. Ed. Psych., Vol. IX, Feb. 1919.

IN an address in New York in 1914, Dr. Ed. L. Thorndike stated that while the United States Government was spending millions on the care of the feeble-minded, criminals and paupers, nothing was being done in the way of special care for those who were unusually gifted; that in his opinion the benefit which would accrue to the state in the effort to develop its best product would far outweigh that derived from the care of the less able.

In October, 1916, a class for exceptional children was organized under control of the administration of the city schools of Louisville, Ky. The organization was made on a basis of scientific tests. Sixty-two children were examined and fifteen were selected who had an Intelligence Quotient of 120-145. These children accomplished one year's work of the curriculum in half a year. Other classes were selected and further studies made. According to the results of educational tests, children of 120 Intelligence Quotient and over can do school work at least two or three years in advance of the average child and can master the different studies of the curriculum almost equally well.

Physical measurements taken, although admittedly somewhat inaccurate, are sufficiently accurate to give a fair estimate of the physical condition, and indicate that the members of this class exceed the average child in height and weight. In character and disposition they are conceded by all who have worked with them to be superior. They are not conceited by their selection or work in the class; in fact segregation seems to have improved their morale.

The schoolroom was made as attractive as possible. It was seated with chairs so as to allow freedom of movement and furnished with library tables for reading. Plants and flowers filled the windows. The whole atmosphere of the room was that of happy joyous work-a-day freedom.

The method of teaching might be termed one of vital experience. Abstract ideas were, in no sense of the word, the stock in trade, but the needs of the group in normal life activities; real situations in the social milieu were made the foundation of the learning process.

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THE MYSTERIOUS STRANGER

A Chapter in the history of Psychiatry in Canada

BY C. K. CLARKE, M.D.

THROUGH the kindness of Mr. Norman Burnette a rare volume of Canadiana has come into my possession. It is entitled "The Mysterious Stranger, or the Adventures of Henry More Smith". These adventures cover a period from Smith's first appearance in Windsor, N.S., in 1812, until his supposed confinement in the Toronto Gaol in 1836.

The little book contains about a hundred pages and is insignificant in appearance, but to a student in psychiatry is intensely interesting, both from the historical and medical standpoints, revealing as it does the credulity of the public, the heartlessness of the legal processes of the time, and painting a clinical picture that would be difficult to surpass.

The author, a delightful old gossip, was the gaoler of the Mysterious Stranger during the years 1814 and 1815, and presented the volume to the public, with the worthy object of warning it against the wiles of one who could, as he quaintly expressed it, "have in his arm the strength and power of a lion, and a mind filled with the subtlety, intention and depth of Satan". The book reveals only too clearly the attitude of the public towards the insane a hundred years ago, and incidentally illustrates the cruelty of laws which could not be styled otherwise than barbarous.

Henry More Smith, the subject of the sketch, apparently emigrated from England about 1812, and from what was eventually learned had shown signs of mental disease long before coming to Canada. He stated that he was a tailor by occupation but was in habit reticent, inoffensive, and deeply religious. At that time he was about twenty-two years of age, and our author finds all sorts of evidence of hypocrisy, deceit and

guile in More's character, but admits that he was such a genius that "he could execute anything well that he turned his attention to". His first escapade was at Mr. Bond's, where he made himself so popular that a Miss Bond fell in love with him and married him in spite of the protestations of her father. He left Bond's employ, and entered on a new line of business, combining the occupations of pedlar and tailor quite successfully, purchasing his supplies in Halifax, where a number of unaccountable and mysterious thefts were alarming the community. Articles of plate were missing from gentlemen's houses, silver watches disappeared and, among other things, three volumes of late Acts of Parliament were purloined—an unusual bait for the average thief, but Smith produced the missing volumes when a reward of three guineas was offered. He was at once suspected, but disappeared before a warrant could be issued—travelling by horseback. In an Eastern city he entered into an agreement with the Colonel of the 99th Regiment to supply him with a mate to a black horse. The Colonel advanced fifteen pounds to enable Smith to secure the animal he had selected and which he eventually stole. Smith was soon apprehended and placed in gaol where he behaved "with becoming propriety, turned his attention to the Bible and perused it with an air of much seriousness, as though the concerns of the unseen world engrossed all his thoughts".

About this time he showed symptoms of a severe cold, and although suffering great pain "submitted to his confinement without a murmur or complaint". He claimed that his side had been injured by the man who arrested him and who made a violent assault on him. His condition was, in a short time, so serious that it was apparent he had not many days to live, and a Rev. Mr. Scovil became deeply interested in him. Apparently he had a convulsion and said "it was a family infirmity and that many of his connections had died in that way". He was prepared for death, and the gaol authorities made arrangements for an inquest, also took an ante mortem statement. The patient made his will and Mr. Scovil left the gaol expecting to hear of the prisoner's death in a few hours. In order that he might die comfortably the clergyman's good wife sent a feather mattress to the gaol. Things progressed unfavourably and Smith becoming worse, was found "in the agonies of a fit almost expiring. He made an effort to speak and begged the attendant to run and heat a brick that was near and apply it to his feet, to give him one moment's relief while he was dying, for his feet were already cold and dead to his knees". The attendant did as he was asked, and returning in a few minutes "to his indescribable astonishment, and almost unwilling to believe the evidence of his senses, the dying man had disappeared and could not be found". Not only had he vanished but "he had not left a vestige of his movables behind him".

That evening Smith's ghost was said to have been seen by a Mr. Lyon, who said he had "seen it pass at a short distance without touching the ground". A reward of twenty dollars was offered for the apprehension of the escaped prisoner and the country was scoured far and wide. The escape was particularly embarrassing to the prison authorities as the trial had been set for a day near at hand. The gaoler was intensely annoyed at the turn of events and naively complained, "I felt myself not a little chagrined on reflecting on the circumstances in which I was placed. This feeling became heightened to a most painful degree when I came to understand by Mr. E. Jones, that the villain instead of escaping for his life, and getting out of my reach with all possible haste, had only travelled about ten miles the first night, and was seen lying on some straw before a barn the next morning, having lain there until twelve o'clock in the day". Having purloined a few articles he was hotly but unsuccessfully pursued. A farmer becoming suspicious of him thought "he must be some improper character, which idea was strengthened by the circumstances of its being a time of war. On his examination he answered with so much apparent simplicity that the Justice dismissed him".

When the Court opened the Attorney General arrived "with very unfavourable impressions on his mind", and generally speaking the gaol authorities were under grave suspicion as it was believed that the prisoner was a Freemason and his escape had been connived at.

The Court, having been deprived of the pleasure of trying the nimble Smith, amused itself by finding a Bill against the sheriff and jailer for negligence in suffering the prisoner to escape. Smith, in the meanwhile, was wandering about the country apparently without any definite and obvious plan of avoiding his pursuers. He stole a watch and some spoons, played the fiddle for a group of young folks at one place, and escaped detection by mere accident. It was stated that he assumed the character of the pursuant in quest of the thief, but our genial author does not prove this clearly although he claims to discover deep rascality in all Smith did. As a matter of fact, the prisoner escaped detection for a long time by doing exactly what it was supposed he would not do. Reading between the lines it is plainly apparent that the question of escape did not worry him particularly. He was apprehended at last on the probability of his being a deserter, and when taken before Hon. Judge Saunders promptly said that his name was Smith and admitted that he had escaped from gaol. On being asked how he effected his escape he said "The jailer opened the door and the priest prayed me out". At this point of the story Smith's spectacular career commences, and he began to make history with amazing rapidity.

His guards handcuffed and pinioned him, and tied him to the bar of a canoe in which they had to travel. Although thus trussed up he escaped with little difficulty.

Finding a large quantity of linens sprinkled and ready for ironing at a farm house he promptly stole them, as well as a pony to carry them, and set out for Fredericton. Here he made further history by invading the residence of the Attorney General himself, and helping himself to five top coats, three plaid cloaks and a number of comforters, tippets, etc. After concealing his useless booty he went to rest in a haystack and was again arrested as a deserter. When he was recognized as the notorious Henry More Smith, it was at once arranged to have him taken back to Kingston gaol. "Safety first" was the motto of the Sheriff of York County, and Smith was placed on board of a sloop, ornamented with an iron collar made of a flat bar of iron, an inch and a half wide, with a hinge and clasp fastened with a padlock. To the collar, which was put round his neck, was fastened an iron chain ten feet in length. "Thus prepared and his hands bound together with a pair of strong handcuffs", he began his return to the Kingston gaol, which he reached in due course. The gaoler and author, who is always shocked beyond measure at Smith's doings, moralizes as follows and innocently reveals something of the prisoner's mental attitude. "On his re-appearance in the old spot and among those who had ministered so feelingly to his comfort during the whole period of his affected illness, and whom he had so effectually hoaxed, it might have been expected that he would have betrayed some feeling or emotion, or that a transient blush of shame at least would have passed over his countenance; but ah! no: his conscience had long since become seared, and there was no sensibility within strong enough to give the slightest tint to his shame proof countenance. He appeared perfectly composed and as indifferent and insensible to all around him as though he were a statue of marble".

Smith was stripped, carefully searched, and placed in a room that was apparently as solid and strong as the Bastille. To make certainty sure his right leg was shackled, an iron chain provided, and this was fastened to the timber of the floor by a strong staple. As his wrists had been greatly inflamed by handcuffs they were left free. Smith behaved with the greatest gentleness for a time, but the gaoler felt worried about him and visited him suddenly one night, but found him apparently chained up as usual. He said to him, "Smith you have not got out yet". He answered, "No, not quite". Our author was not satisfied though and a careful examination of the bars revealed the fact that in an hour or so Smith would have escaped. On being asked what instruments he had used in cutting the bars he answered, "With this saw and file" handing the gaoler these tools. Where they came from was a mystery. A pair

of handcuffs of $\frac{7}{8}$ bolt iron were now added to the restraints, but by next day Smith "had got loose from all his irons", and had nearly escaped, having again cut through the bars. No tools could be discovered. The gaoler says "We next replaced all his chains and padlocks, put on him a pair of screw handcuffs which confined his hands close together, and thus left him". On the day following he had removed the handcuffs "because", he said, "they are so stiff that nobody could wear them". When a fine saw was finally discovered the gaoler decided to take no further chances, so had the whole place with the exception of the door, and a window, four or five inches, bricked up. The room was converted into a dungeon and the prisoner kept in absolute darkness, which was not entered unless by two to three men carrying candles.

Smith's insanity, which should have been apparent long before this, was aggravated by his cruel treatment, and he became violent and the authorities instructed the gaoler to the effect "you will be justified in any measures that you may find it necessary to adopt, that is, to prevent the prisoner's escape". Apparently Smith could not be held by the devices used so was provided with "steel fetters, case hardened, about ten inches long which were put on his legs, with chains from the middle, seven feet long which were stapled to the floor; also an iron collar about his neck, with a chain about eight feet long, stapled also to the floor in a direction opposite to the other: and also a chain from his fetters to the neck collar, with handcuffs bolted to the middle of this chain in such a manner as to prevent his hands from reaching his head or feet when standing, leaving it just possible for him to feed himself when sitting. All these irons and chains he received without discovering the least concern or regard".

The gaoler remarked "Now, Smith, I would advise you to be quiet after this, for if you are not, you will next have an iron band put round your body and stapled fast down to the floor". He very calmly replied "Old man, if you are not satisfied, you may put it on now. I do not regard it; if you will let my hands loose you may put on as much iron as you please. I care not for all your iron". In this situation he was left loaded with forty six pounds of fetters and chains and without anything to sit or lie on but the naked floor. As might be supposed he became maniacal; raved and roared, quoting scripture freely and calling on God to help him to confound his persecutors and tormentors. He became hoarse and exhausted in due course, and the weather having become cold he was furnished with a straw bed and blankets, but the blankets were almost immediately taken away as he attempted to commit suicide by strangulation. He next endeavoured to starve himself and then became quiet. On December 16th he broke the iron collar from his neck. On the 17th a chain was put about his neck and stapled

to the floor. "In this situation he remained secure and rather more quiet, yet with occasional shouting and screaming until January 15th. The weather was so bitterly cold that it was feared the prisoner would freeze to death and some of his fetters were removed. For this relief he displayed no sign of thankfulness, but became more noisy and troublesome, howling and screeching and making all manner of hideous noises entirely unlike the human voice, and tremendously loud, even beyond conception. In this manner he continued for five months, occasionally committing violence upon himself and breaking his chains during which period he could never be surprised into the utterance of one single word or articulate sound, and took no more notice of any person or thing, or of what was said to him than if he had been a dumb, senseless animal, yet performing many curious and astounding actions". His New Testament, which he always kept by him, was turned down at the passage, "And I, brethren could not speak unto you". It was supposed that he might freeze to death during the intense cold of January, but he survived, and in February became extremely noisy so the gaoler added a few more chains to the collection.

Two visitors came, but he would not speak to them, and the gaoler became convinced that the prisoner would go to the gallows "without speaking a word or changing his countenance".

Having broken his chains on several occasions, the inventive genius of the gaoler was once more brought to the fore, and Smith was provided with a chain from his feet around his neck, stapled to the floor. The handcuffs were secured to the middle of this chain. The collar was made of a flat bar of iron an inch and a half wide with the edge rounded. Smith twisted this with the greatest of ease and the naive author says "his wrists were frequently much swelled and very sore, yet he appeared as insensible as if he had in reality been a furious maniac".

The gaoler satisfies himself, beyond doubt, that the insanity was feigned and gives as proof of the fact that Smith produced an effigy or likeness of his wife sorrowing for her husband. This, although made out of the roughest materials "when viewed with the light of the candles, was really astonishing and had a kind of magical power in drawing out the sympathies of every one who witnessed it. He continued noisy and troublesome until the 5th of March when we took his irons off and caused him to wash himself and comb his hair which had not been cut since he was put in gaol; neither had his beard been shaved. On receiving a piece of soap for washing he eat a part of it and used the rest".

Smith continued to amuse himself by breaking his chains and hanging them about the room. When visited on one occasion the chains were in pieces, "his hands, his face and his clothes were all bloody, and his whole appearance presented that of an infuriated madman". No matter how

they fastened him, even with his neck to the floor he was able to free himself in a few hours. The poor gaoler was at his wits end, and concluded that Smith possessed some "unknown mysterious power". In order to test this he added a large timber chain of a size used in hauling four or five logs to the mill at once. This was no impediment to Smith, who now seems to have entered into the sport with zest, and when free from shackles began to create straw figures of wonderful ingenuity. At night he shouted and hallooed and beat the floor with his chains.

On April 30th Smith was informed that his trial would take place on May 4th, but he paid no attention to the statement "no more than if he could neither see nor hear".

The day before his trial he was particularly noisy. The Court house was unusually crowded with spectators and when the prisoner was placed in the dock he made no resistance, "and as usual acted the fool or madman, snapping his fingers,—took off his shoes and socks and tore his shirt". When asked to plead he paid no attention and the jury was empanelled to enquire "whether the prisoner at the bar stood mute wilfully and obstinately, or by the visitation of God". The evidence being taken, the jury returned a verdict that the prisoner stood mute by the visitation of God. It is the first evidence of common sense shown in the treatment of the prisoner, and yet it was but a flash in the pan.

The next day the trial proceeded, evidently no provision being made to excuse a prisoner suffering by the visitation of God. The prisoner was asked to stand up for his defence, to hold up his hand and hear the evidence, but he did not pay the slightest attention to the request and fought furiously with the constable who endeavoured to make him do these things. A cord was secured and his arms pinioned and eventually his arms were lashed by means of a rope to the railing of the box. In spite of all this he broke the railings. Finally he was lashed by various ropes, and the trial proceeded, but not before he had destroyed a great deal of the prisoner's dock. There was the usual hair splitting by the lawyers and a motion to quash the indictment was made on the ground that one letter omitted or inserted in an indictment quashed it. "This move was overruled by the Judge and was reserved for the Court above".

The defence lawyer relied on his ability to save Smith from the gallows by a series of technicalities which appealed neither to judge nor jury in an age when horse stealing was a hideous crime punishable with death. The judge was very direct in his charge and a verdict of guilty was speedily rendered. "The judge then proceeded to pass upon Smith the awful sentence of the law—Death—without benefit of clergy".

The defence counsel, true to his methods, immediately produced authorities to show that the law which took away the benefit of clergy, for horse stealing, was not in force in the Colony of New Brunswick and

wished for the opinion of a Higher Court. The judge granted the request but expressed his opinion against the validity of the plea. It was comic opera of a type more grotesque than any staged by Gilbert and Sullivan.

Smith was placed on a diet of bread and water, but as our author says "paid no attention, patted his hands, sang and acted the fool as usual".

The gaoler could not miss the opportunity of lecturing his prisoner and said, "Smith, it is too late for you to deceive any more and you had better employ your little time in making your peace with God, than to act the fool any longer". He discovered proof too of Smith's duplicity when he found a leaf turned down in the Testament "If any man among you seemeth to be wise, let him become a fool that he may be wise".

Smith's insanity was marked at times and he now stripped off every particle of clothing leaving himself entirely naked, but evidently became less excited as is shown by the following extraordinary letter which was published in the Royal Gazette July 11th, 1815.

"My Dear Sir,—Having heard nothing from you since the late Jail Delivery at King's County, I beg leave briefly to state to you some circumstances of the conduct of the criminal Henry More Smith, since his trial and sentence. After securing him with strong chains to his neck and legs, and with handcuffs he continued beating the floor, hallooing day and night with little intermission, making different sounds; sometimes with jinking his chains: and sometimes without, apparently in different parts of the jail, insomuch that the jailer frequently sent for me, supposing he must be loose from his chains, which I conceived and frequently observed was impossible, being far beyond the power of human strength or invention, in his situation; but on the 24th of May, going into the jail early in the morning (after having examined his chains at 2 o'clock the day before), I found three links of his heaviest chain separated, and lying on the floor, being part of the chain without the staple. He continued in the same way until the 2d of June, when we found the largest chain parted about the middle and tied with a string: which clearly proves that irons and chains are no security for him. I then put on him a light chain, with which he has been ever since. I never discovered him at work at any thing, but he frequently produced effigies or likenesses, very striking, representing his wife. He now produced an effigy of a man in perfect shape, with his features painted, and joints to all his limbs, and dressed him in clothes that he had made in good shape and fashion, out of the clothes that he had torn off himself (being now naked), which was admired for its ingenuity. This he would put sometimes in one position and sometimes in another, and seemed to amuse himself with it, without taking the least notice of anything else; continuing in his old way hallooing, without any alteration, until the

13th, when the jailer informed me, that he refused to eat, and no doubt was sick. I went to see him every day—found he did not eat—all the bread and other provisions conveyed to him he gave to his effigy, strung on a string and put in his hand. He lay perfectly still day and night, and took no notice of anything—would drink tea or milk, which I gave him twice a day for five days; he then refused to drink anything for two days, which made seven days that he eat nothing. In that time he began to speak—would ask questions, but would hold no conversation. But the most extraordinary, the most wonderful and mysterious of all is, that in this time he had prepared, undiscovered, and at once exhibited the most striking picture of genius, art, taste, and invention, that ever was, and I presume ever will be produced by any human being placed in this situation, in a dark room, chained and handcuffed, under sentence of death, without so much as a nail or any kind of thing to work but his hands, and naked. The exhibition is far beyond my pen to describe. To give you some faint idea, permit me to say, that it consists of ten characters,—men, women and children,—all made and painted in the most expressive manner, with all the limbs and joints of the human frame,—each performing different parts; their features, shape and form, all express their different offices and characters; their dress is of different fashions, and suitable to the stations in which they are. To view them in their station they appear as perfect as though alive, with all the air and gaiety of actors on the stage. Smith sits on his bed by the side of the jail, his exhibition begins about a foot from the floor, and compasses the whole space to the ceiling. The uppermost is a man whom he calls the tamborine player, or sometimes doctor Blunt, standing with all his pride and appearance of a master musician; his left hand akimbo, his right hand on his tamborine, dressed in suitable uniform. Next him, below, is a lady genteelly dressed, gracefully sitting in a handsome swing; at her left stands a man neatly dressed in the character of a servant, holding the side of the swing with his right, his left hand on his hip, in an easy posture, waiting the lady's motion. On her right hand stands a man genteelly dressed, in the character of a gallant, in a graceful posture for dancing. Beneath these three figures sit a young man and a young girl (apparently about 14), in a posture of tilting, at each end on a board, decently dressed. Directly under these stands one whom he calls Bonaparte, or sometimes the father of his family; he stands erect; his features are prominent; his cheeks red; his teeth white, set in order; his gums and lips red; his nose shaded black, representing the nostrils; his dress is that of the harlequin. In one hand he holds an infant, with the other he plays or beats music; before him stand two children, apparently three or four years old, holding each other by one hand, in the act of playing or dancing, which, with a man dressed in

fashion, who appears in the character of a steward, sometimes in one situation and sometimes in another, makes up the show, all of which you have at one view. Then commences the performance. The first operation is from the tamborine player, or master, who gives two or three single strokes on his tamborine, that may be heard in any part of the house, without moving his body. He then dances gracefully a few steps, without touching the tamborine; the lady is then swung two to three times by the steward; then the gallant takes a few steps; then the two below tilt a few times, in the most easy, pleasant manner; then the two children dance a little, holding each other by the hand; after this, Smith begins to sing or whistle a tune, to which they are to dance, at which the tamborine strikes, and every one dances to the tune, with motion, ease and exactness not to be described. Many have been the observations of spectators; amongst them, an old German observed, that "when he was starving the seven days, he was making a league with the devil, and that he helped him". All acknowledge with me, that it exceeds every thing they ever saw or imagined. His whole conduct from the first has been, and is, one continued scene of mystery. He has never shown any idea or knowledge of his trial or present situation; he seems happy; his irons and chains are no apparent inconvenience; contented like a dog or a monkey broken to his chain; shows no more idea of any thing past, than if he had no recollection. He, in short, is a mysterious character, possessing the art of invention beyond common capacity. I am almost ashamed to forward you so long a letter on the subject, and so unintelligible; I think, if I could have done justice in describing the exhibition, it would have been worthy a place in the Royal Gazette, and better worth the attention of the public than all the wax-work ever exhibited in this Province.

I am, with all due respect, dear sir,

Your very humble servant."

Apparently the absurdity of the sentence must have impressed even the Attorney General and his associates and eventually a pardon was procured. In the meanwhile the prisoner had become more and more demented and gave evidence of many hallucinations. The credulous old gaoler too, discovered that Smith had the gift of prophecy and learned that while he had the ability to break his chains he had no desire to escape, but was happy when allowed to play with his puppets.

When the pardon arrived Smith did not pay the slightest attention to the news; indeed the only reply he made was "I wish you would bring me some new potatoes when you come again".

His insane behaviour became more and more marked, and it was found necessary in order to get rid of him to adopt a method of deporta-

tion that has frequently been employed with success since that date. His puppets were packed up and he and his family placed on board a vessel sailing for the United States. While the vessel was getting under way Smith was in the cabin alone, and seeing a great number of chain traces lying on the cabin floor took them up and threw them all out of the window "because they would get about my neck again" he said. When the vessel reached Windsor, N.S., he disappeared. From this point of the story the gaoler's record is anything but satisfactory and infers too much to make it altogether credible. He would have us believe that the Mysterious Stranger was the author of many crimes in the U.S., but the evidence leaves much to be desired and the allegation that the unfortunate man eventually found his way to the gaol in Toronto is problematical. However, the ingenuous author closes his really remarkable book by a homily quite worthy of his suggestive mind.

He cannot learn as to whether Smith escaped from the Toronto gaol, but of one thing he is satisfied, viz., "that Smith is again going up and down in the earth, in the practice of his hoary headed villainy, except a Power from on High have directed the arrow of conviction to his heart, for no inferior impulse would be capable of giving a new direction to the life and actions of a man, whose habits of iniquity have been ripened into maturity and obtained an immovable ascendancy by the practice of so many years. He concludes his book by saying, "The writer would close up these pages by finally observing, that if these Memoirs should ever fall into the hands of Henry More Smith, the unhappy subject of them, and should he, from whatever motive, be induced to peruse them, he trusts that the review of a life, so wretchedly and miserably misspent, may be accompanied with conviction from on High, and be followed up with repentance unto life, that he that has so often been immured within the walls of an earthly prison, may not at the close of his unhappy and sinful course in this world, be finally shut up in the prison of Hell, and bound hand and foot in the chains of eternal darkness, where shall be weeping and wailing and gnashing of teeth: where the hope of mercy or release can never enter, but the wrath of God abideth for ever and ever".

Such in brief is the story of the Mysterious Stranger, one of the most lucid expositions I have met of the ideas prevalent a hundred years ago, regarding mental disease, and yet showing a scepticism regarding the reality of insanity not much more remarkable than that evidenced even at the present date, by certain supposedly well educated people. The crudities of law as administered in the early part of last century are perhaps greater than the crudities of law as administered at the present time when questions of the care and treatment of insane criminals are considered, but even yet law has much to learn on this subject. The

individual is still relegated too often to the back ground, and the punishment made to fit the crime. No apology is made for the length of this article—the lessons are so well illustrated by the author of the *Mysterious Stranger*, and the conclusions so obvious that no comment is necessary.

The garrulous gaoler lived up to his beliefs, his point of view was hopeless, and his treatment only that regularly supplied to certain groups of the insane.

As a document of historical importance from the standpoint of psychiatry the *Mysterious Stranger* is unique in Canadian literature.

THE PARENTS' PLEA

BY DR. HELEN MACMURCHY

Provincial Inspector of Feeble-Minded, Parliament Buildings, Toronto

THE parents of a mentally defective child have a great claim on our sympathy. It is a sad fate

"To bear, to rear and then to lose."

But "to bear, to rear" . . . and then to find that the son or daughter of many hopes and prayers will never grow up, but is, and always will be, mentally defective, is a far sadder fate. . . .

The truest comfort we can give these parents is to recall to them how happy they were in their own childhood. At seven years of age they were so happy. Children in a good home can hardly feel unhappiness, they are not old enough.

"The meaning of an aching heart is hid from such as they."

So it is with permanent children (Mental Defectives) in a suitable and happy permanent home. Children of the mental age of seven can always be kept as happy there as a normal child of seven years is, and that fact is a great comfort to the parents if they can only be helped to realize it.

Then at once the natural question follows: "Where can we find such a permanent, happy home?" Homes in this world are not organized to last through three generations, and the mentally defective child, like his normal brother, may live to be three score years and ten, and yet, unlike his normal brother, may need the same home care all his life. There is only one answer. The mental defective cannot adjust himself to his environment. We must adjust the environment to him. He cannot make or help to make a home for himself. We must make a home for him. In other words, we must make an institution with a home spirit and environment.

Who will consider the case of the self-respecting, self-supporting and fairly well-to-do parents of a mentally defective child? It would be quite possible for such parents to purchase an annuity for this son or daughter, or otherwise provide a reasonable sum for maintenance, if other parents similarly situated could join with them in organizing such an institution. What is needed is something like a boarding-school—a private institution—a permanent home, where the refinements to which these children are accustomed, and which they can use and enjoy, might be provided, and where, though it should doubtless be under inspection by the State, or perhaps connected with a State Institution, such a home would be essentially private in every way and all the needs of these children would be provided for on a reasonable and even generous

scale, especially the need for employment and development of their powers as well as for that supervision which is as considerate and kind, vigilant and wise as that in their own homes and in addition will be permanent. This has been done in other countries and the time has come when it is needed in Canada.

Requests for information about such an institution have been frequent of late. Indeed, some Canadian children who are mentally defective are now being maintained by their parents at a comparatively large expense in various private institutions in the United States. Efforts have also been made to obtain admittance for others to private institutions in Great Britain, although these efforts, so far, have not been successful. There are others again for whom no such arrangement has been made but whose parents are in great anxiety about them. One of them, a young man of about twenty-five, whose mental defect is obvious, enlisted promptly for service in the Great War, and in the simple routine of army life in the cook-house and elsewhere, really managed very well as he was quite capable of acquiring routine duty and was very faithful in carrying it out. Although not able to keep or save any money himself he was fortunately persuaded to hand his pay to a relative who placed it in the bank for him, and he now has, as a result of his employment during the four years of the War in military service, some hundreds of dollars to his credit in the bank.

In such a private institution as above described this young man, who has many virtues, and is always asking for "A Job" would be a truly useful unit in the sum of Canadian life. As it is, what is to become of him?

Another boy, a high grade mental defective, learned type-writing after a manner, though his mental defect was recognized in the Business College, and so got employment for a little while. Then he drifted into employment at a restaurant and afterwards into a dozen other positions in a very short time. His greatest fault was that he was always annoying some girl with his attentions. He had little or no self-control. Of his mental defect there is no doubt. But if he had only had somebody to guide him aright he would have been a success in a simple life. He is now submerged, poor fellow! He cannot manage for himself.

There are several girls belonging to good Canadian families whose need is even more heart-breaking. It is hard to have to tell parents, in answer to their frequent requests, that there is not yet any such private School or Home in Canada to which their children can be sent.

Such homes should be called by some pleasant name, "The Lodge" or "The Manor" or "The Home Farm" or some other attractive name. They have been quite successful financially and otherwise in Great Britain and the United States. There is no reason why they should not be so in Canada. Who will give ear to The Parents' Plea?

(C)

ORIENTAL IMMIGRATION

BY W. G. SMITH, B.A.

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ONE of the first difficulties in considering the extent and influence of immigration into Canada from Asia is the lack of adequate statistics. The census of 1901 reported in the Dominion 4,674 persons who were born in Japan, and 4,515 of these were in the province of British Columbia. Of Chinese there were 16,792 and the most of them were also in British Columbia. Since the total population of that province at that time was 178,657, the approximately 12% proportion of Asiatics was significant and also so unsatisfactory that in 1900 British Columbia passed an Immigration Act which practically excluded all Asiatics. In the following year, 1901, the Act was disallowed by Earl Minto, then Governor-General of Canada. With praiseworthy persistence the province passed a similar Act in 1902, 1903, 1904 and finally in 1905, but all were disallowed. The Acts in succession rejected all illiterates, for the provisions of 1902 and 1903 required that an immigrant entering Canada should be able to read, and those of 1904 and 1905 required that the immigrant should be able to write at dictation "in the characters of some language of Europe a passage of 50 words in length in an European language". Such requirements showed at least something of the attitude of British Columbia, and the agitation carried on during the above mentioned years was no doubt the strongest factor in inducing the Dominion Government to extensively increase the restrictions against Oriental Immigration. That these restrictions were necessary and where desired effectual, but yet did not succeed in entirely prohibiting the influx of Asiatics may be seen from the fact that the extremely rapid increase of Hindus during the last decade suddenly dropped upon the passage of restrictive legislation. This may be seen from the following table of Asiatic Immigration from 1904 to 1918 inclusive as follows:

	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	Total
Hindu	....	45	387	2124	2623	6	10	5	3	5	88	0	1	0	0	5,297
Japanese	6	354	1922	2042	2061	495	271	437	765	724	856	592	401	648	883	12,457
Chinese	9	....	18	92	1884	1887	2156	5278	6247	7445	5512	1258	88	393	769	33,036
Total	15	399	2327	4258	6568	2388	2437	5720	7015	8174	6456	1850	490	1041	1652	50,790

It is quite clear from these figures that the rapidly developing Hindu immigration received such a sudden check in 1909 as to practically eliminate that source, while Japanese were reduced to about one fourth the number of the preceding year, only to be again diminished in 1911, since when the stream has been only slowly regathering headway, while the Chinese did not suffer any diminution but showed steady increase until the period of The Great War. The significance of these figures is so great that the groups deserve to be studied in detail.

Hindu Group—One need not express much surprise at the insistent attitude of British Columbia when the wave from India increased in three years from 45 to 2,623, while the whole population of the province had not yet reached 350,000. To find out what was at the bottom of such an influx of "undesired" immigrants a Royal Commission was appointed to enquire into the methods by which such large numbers of Hindu labourers had been induced to emigrate to Canada. According to the evidence furnished by Hindus themselves who testified before the Commission the main reasons were as follows: (a) the activity of certain steamship companies and agents who desired to sell transportation and profit by the commissions. (b) The distribution throughout some of the rural districts of India of literature concerning Canada and the opportunities of making fortunes in the province of British Columbia. (c) The representations of a few individuals in the province of British Columbia, among the number a Brahman named Davichand, and certain of his relatives, who induced a number of the natives of India to come to Canada under actual or verbal agreements to work for hire, the purpose being that of assisting one or two industrial concerns to obtain a class of unskilled labour at a price below the current rate, and at the same time of exploiting their fellow subjects to their own advantage. Some of the Hindus may have emigrated to Canada of their own accord or because of the advice or desire of relatives who had come to this country, but had the influences above mentioned not been exerted, it is certain that their numbers would not have been appreciable. On the other hand there may be some ground for the view that Indian troops who had returned home from Queen Victoria's Jubilee by way of Canada had been eye-witnesses of Canada's opportunities and resources, and so from among them the movement had begun. Further Canada was one of the British Colonies, and migration from one possession to another seemed to be perfectly in order if British citizenship were sufficiently valid. It is needless to say that this, however imperialistic, was not the attitude of Canada and especially of British Columbia whose decided opinion was that the Hindus were not wanted, though they were British subjects. The Hon. W. L. MacKenzie King who had been the Commissioner chosen to investigate and report upon Oriental Immigration

was, in 1908, sent to England to confer with the British authorities regarding this difficult situation. It was not, however, entirely new to the British statesmen who had frequently to deal with the question of migration of peoples of different races between the various parts of the empire. British Columbia's case was only a recent one, and the ardent desire of Canada to make the great Dominion as far as possible a "white man's country" was admitted as imperative on various grounds. The agreement arrived at, to quote from Mr. King's report, was that the native of India was not regarded as "a person suited to this country; that accustomed as many of them are to the conditions of a tropical climate, and possessing manners and customs so unlike those of our own people, their inability to readily adapt themselves to surroundings entirely different could not be other than entail an amount of privation and suffering which render a discontinuance of such immigration most desirable in the interest of the Indians themselves". While all this was effective on the grounds of sentiment and benevolent consideration of the Hindus, something more was required for their exclusion, and the means was ready at hand. First, steamship companies who were in any way responsible for the recruiting of immigrants were given to understand that such action would not be favourably regarded by the governments of Great Britain and Canada.

Second, the Indian Emigration Act of 1863 was found to provide that emigration in the sense of the departure by sea out of British India of a native of India, under an agreement to labour for hire in some country beyond the limits of India, other than the island of Ceylon or the Straits Settlements, is not lawful except to countries specified in the Schedule of the Act, "and to such other countries as the Governor-in-Council from time to time by notification declares to be countries to which emigration is lawful". Every such notification must contain a declaration that the Governor-General in Council has been duly certified that the government of the country to which the notification refers has made such laws and other provisions as the Governor-General in Council thinks sufficient for the protection of immigrants to that country during their residence therein. Hence, unless the Canadian Government made the necessary laws, to the satisfaction of the Government of India, for the protection of Indian Emigrants, such emigration as that which had taken place from India to Canada was not lawful.

Third, the amount of money which immigrants were required to have in their possession, viz., \$25 was, in the case of the Hindus, raised to \$200.

Fourth, the final and adequate means was the application to Hindu immigrants of section 38 of the Immigration Act which requires that any immigrants who have come to Canada otherwise than by continuous journey from the countries of which they are natives or citizens, and

upon through tickets purchased in that country, may be excluded. Since there was no means by which a continuous journey from India to Canada could be accomplished, the last provision was peculiarly efficient and Hindu immigration practically ceased. While Canada then does not expressly exclude Hindu emigrants, the regulations are such as to actually achieve that result.

Japanese Group—Since 1900 about 18,000 Japanese have entered Canada, but the census of 1911 showed that only 9,021 gave their nationality as Japanese though during 1900-1911 alone about 7,588 had landed. Yet 9,021 in 1911 is considerable increase over 4,738 in 1901. But in 1911 out of those 9,021 there were 6,669 males of 21 years and over, of whom only 1,491 were naturalised and 5,208 alien. From whatever reasons it is quite apparent that only a small proportion—about one-fifth of the adult males was becoming Canadian to at least the extent of obtaining naturalisation papers. An indication of the unequal distribution of these naturalised Japanese throughout Canada is indicated by the fact that there were reported from Nova Scotia 1, Manitoba 19, Quebec 29, Saskatchewan 58, North West Territories 72, Ontario 108, Alberta 244, British Columbia 7,894. One need not express much surprise, then, at British Columbia taking alarm at the increasing number of Japanese who were arriving at Vancouver. British Columbia was decidedly bearing the heavy part of Oriental Immigration and the cry for "a white Canada" could receive some attention when out of a population of 392,480 in 1911 the 7,894 Japanese constituted a little over 2 per cent. and, furthermore, out of the considerable influx only a small proportion were being naturalized. When, therefore, during 10 months of the year 1907, no less than 8,125 Japanese arrived at the shores of British Columbia, there was some ground for consternation, although 3,619 held passports for the United States. To complicate the matter still further, while some 900 came direct from Japan through the agency of the Tokio Emigration Company at Yokohama, a large influx came from Hawaii, influenced, no doubt, by the restrictions made by the United States against such immigration. When the Royal Commission was appointed by the Canadian Government in 1908 to enquire into the methods by which Oriental labourers were induced to come to Canada, it was found that when Japanese emigrants entered Hawaii they passed out of the control of Japan, and came under the flag of the United States. But, when the Japanese reached Honolulu, certain conditions which need not here be described induced many of them to seek the high wages and opportunities of British Columbia. To offset this an agreement was made between Japan and Canada whereby the issue of passports for Japanese coming to Canada was limited to about 400 annually. There came, of course, after 1908 a decrease in Japanese immigration,

but since that year, as the foregoing table shows, the number of Japanese entering Canada has annually, with the exception of 1910, been in excess of that number, and in 1918 reached 883. These could not have been Hawaiian for the records show, since the year 1908, only 21 from that source. For the present, then, Japan is herself controlling emigration of her subjects to Canadian shores, and, according to the testimony of the officials, is living up to the terms of her agreement with Canada.

Chinese Group—Despite the fact that legislation on this continent has been adverse to the Chinese, and that the shores of the United States and Canada may be regarded as somewhat inhospitable, yet there has been a considerable tide flowing from the land of the dragon, even since 1900 no less than 33,036. According to the census of 1911, there were in Canada 27,774 Chinese distributed as follows: Prince Edward Island 6, New Brunswick 93, Nova Scotia 134, Manitoba 885, Saskatchewan 957, Quebec 1,578, Alberta 1,787, Ontario 2,766, British Columbia 19,568,—and here again the far western province had the heavy end of the Oriental problem. But of the large number of Chinese so distributed throughout Canada 23,586 were males of 21 years and over of whom only 2,144 were naturalized and 21,424 aliens. The ratio of naturalized to aliens is, thus, 1 to 10; while for the Japanese the ratio is almost 1 to 4, showing that the Japanese are proportionally more than twice as anxious as the Chinese for Canadian citizenship—unless it be a case of ability rather than desire for adaptation to Canadian customs and language. Nevertheless, it is an interesting question as to whether the Chinese or Japanese furnish the more profitable immigrant. While, as is well known, certain classes of Chinese, such as members of the diplomatic corps, governmental representatives with their suites and servants, consuls and consular agents, merchants with their wives and minor children, tourists, men of science, are exempt from paying a head tax, all other Chinese subjects must pay into the revenue of Canada a head-tax upon entering as an immigrant. This head-tax was first imposed in 1885 and amounted to \$50 per individual. In 1901 the head-tax was increased to \$100 and in 1904 to \$500—the last, no doubt, due to the actions and attitude of British Columbia. But despite this considerable amount required upon entrance—which seems, at first glance, utterly unattainable by the ordinary Chinese—there was a big increase in Chinese immigration up to the year 1914, when the numbers began to decline, due not so much to the war, but probably more to the increasing scarcity of passenger ships rather than to any timidity or disinclination regarding immigration on the part of the Chinese. Just here it might be well to recall some of the financial aspects of past immigration mentioned in the second article of this series, viz., that since the beginning of the present century Canada has spent a total of \$18,930,404 in promoting

and regulating the entrance of some three and one quarter millions of immigrants, at an average cost of \$6 per capita. On this basis the 33,000 Chinese who have entered during the same period cost \$198,000. But from 1885, when the first head-tax of \$50 was placed on the Chinese immigrant—exclusive of the officials, etc., above mentioned—to 1918, they have paid into the treasury of Canada by that means alone over \$18,000,000, and nothing was spent in China for promoting emigration, while over ten million dollars were spent in Europe in urging people of the British Isles and the continent to seek our shores. Clearly the Chinese on that score are a paying investment.

While during all this time the policy of Canada was not one of rigid exclusion, yet the severe restrictions imposed were supposed to be well-nigh equivalent to exclusion, and still Chinese immigration has steadily increased. Moreover, the Chinese in trying to enter Canada had a harder task than European, Japanese, or even Korean immigrants, for he had to prove to the satisfaction of the authorities that he is of a type to be admitted or he is excluded; while in the case of Europeans, Japanese, etc., the *authorities* must show that the immigrant is of a type to be excluded, or he is admitted. This looks on the face of it a discrimination against the Chinese, and it is no easy matter to devise ways and means by which the Chinese may be treated on a better equality—or, rather, less inequality—with other races. If the law were modified so that other classes than those now specified might be admitted, it would still fall to the task of the Chinese to prove that he belonged to the admissible classes, while for other races it would be the task of the immigration authorities to prove they should be excluded. If, on the other hand, the law were altered so as to admit all Chinese except certain specified classes—as is the case with other races—then the whole burden would fall on the immigration authorities to prove that the rejected were of the excluded classes. The discrimination is thus against the idea of the equality of races in respect of immigration conditions. Consequently, when in March, 1919, Viscount Ishii, Japanese Ambassador to the United States was reported to have intimated that Japan would endeavour to have the constitution of the League of Nations secure "equality of treatment" to citizens of every country, and abolish racial discriminations, it was to be naturally expected that delegates from the United States, Australia and South Africa would oppose such a view, however such view may be in accordance with "democracy, justice, and humanity". In view of the fact that the 1911 population of British Columbia, 392,480, contained beside other orientals 27,774 Chinese, the withdrawal of the discrimination against a numerous race with many eyes turned toward an immense country would have far-reaching consequences. Whether any similar

consequences may result from European immigrants or not the fact remains that they were put under no such handicap as the Chinese. If European immigrants could reach a certain standard they were encouraged: if the Chinese could not demonstrate the possession of certain qualifications they were excluded. But if it be desirable to still further limit the extent of Chinese Immigration some other tests will have to be applied than the possession of \$500 and apparent freedom from disease and criminal propensities, and it is doubtful if the illiteracy test would be sufficient for the purpose, unless such a test demanded an adequate knowledge of English, *e.g.*, reading and writing a simple passage.

Despite the number of Chinese entering Canada year by year, the relatively small number who take out naturalization papers would indicate that few take up their permanent domicile in the country. This is further corroborated by the fact that the census of 1911 gave only 27,774 Chinese in Canada. Then, many who had acquired sufficient means must have returned to China or gone elsewhere, and though over 20,000 have arrived since 1911, it is doubtful if there are more than 35,000 at the present time in the country. But granting that the number of Chinese permanently domiciling here is comparatively small the problem presented by their presence is somewhat similar in character to that presented by other Asiatics. And the first outstanding feature is that they do not assimilate rapidly or easily. If assimilation can be at all gauged by naturalization then such a conclusion seems inevitable, and drawn from the course of events over a number of years. And if assimilation is so backward what indication is there that amalgamation, or blending of races, is practicable or even advisable? This question becomes more and more difficult to answer the more closely it is analyzed. Are the Chinese industrious, economical, temperate, law abiding? With occasional exceptions by way of opium and gambling the answer must be generally affirmative. Are they infirm in the sense of blind, deaf and dumb, insane, and idiotic? The answer must be an appeal to statistics. Of some 50 immigrants treated for tuberculosis in the Vancouver Hospitals in 1916 only 4 were Chinese, 1 was Japanese, and 1 Hindu. In the province of British Columbia with a population of 392,480 in 1911 the total number of infirm was 1,055, or 27 per 10,000 of the population, *i.e.*, less than Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, and Prince Edward Island, and yet the province possessed more Orientals than all the other provinces combined. In Canada, as a whole, of the total number of 28,611 infirm in 1911, only 44 were Asiatic. Of the total Asiatic male population in Canada those blind constitute .24 per 10,000, those insane 9.41; and of the Asiatic female population 2.48 per 10,000 were blind, and about the same

proportion insane. The facts indicate that in the matter of blind, deaf and dumb, insane and idiotic, the Asiatics furnish a smaller ratio than almost any European country. But would the facts of deportation show that the Asiatics are of inferior quality on the grounds of disease and physical defects? For the period 1903-1909 the total number of deportations was 3,149 of which the Hindus were 29, the Japanese 4 and the Chinese 2. By ratio of deportations to immigrants the Asiatics were 1 to 614, the United Kingdom 1 to 218. For the period 1910-1918 out of a total of 9,701 deportations, the Chinese made 105, the Hindu 13, on the basis of ratio 1 to 277 and 1 to 9 respectively. Since the Hindus were practically excluded the high deportation rate is self-understood, but the Chinese on this score are more favourable than the British whose rate of rejection is 1 to 144. On the score then of a high rate of deportation because of physical and other defects a serious charge could scarcely be laid against the Asiatics. Moreover, their comparative freedom from dependence upon charitable organizations is very well known. What of the tendency to criminality? If we take the classification of convicts for 1911, on the basis of males 21 years and over—the only fair basis since so few of the Asiatics have families with them,—the total number of convicts was 1,865. Of these the Chinese made 13, and the ratio of criminals to the number of males 21 years and over was 50 per 10,000. The Italians gave a ratio of 380 per 10,000, the Americans 220, the total British 80, in fact the Chinese stood at the bottom of the list with the smallest ratio, and the Italians at the top with the largest.

It becomes evident, then, that the exclusion of the Asiatic cannot be on the grounds specified above, for he compares favourably, very favourably with other immigrants, and far superior to many. So far as the Hindus are concerned the Imperial conference bestowing on individual countries of the Empire control in the matter of immigration, made the supposed right of a British subject to pass freely from one dominion to another a simple myth. Formally India could exclude Canadians as Canada excludes Hindus. If the principle of free passage of the individuals of the nations within the League were adopted on the ground of equality of treatment to all, the abolition of distinction of races in this respect would mean a somewhat serious situation for Canada with tremendously large unoccupied areas and small population. It is true that the total number of Asiatics in Canada constitute about one-half of one per cent. of the total population, and the rest of the population should be able to take care of such a small factor. That would be very well possible if the population were somewhat uniform. But it is very complex and on this account has troubles enough of its own without the added factor of a large oriental burden. For in the final analysis

the objection to the Oriental is not racial, nor social, nor religious, but economic. The Asiatic is accustomed to long hours of labour, small wages, and a low standard of living. The whole trend of Western Industrial Labour, on the other hand, has been toward shorter hours of labour, larger wages and a higher standard of living. These two industrial conditions are incompatible and in occupations where the Oriental prevails the Canadian labourer moves out. Doubtless other factors contribute to this, such as racial sentiment, difference of language, etc., but these would be less forceful if the foregoing vital differences could be diminished or eliminated. That remains largely in the hands of the Orientals themselves, and it is doubtful if, without assistance, they can achieve it. The attempt to Canadianize, educate and develop the Japanese and Chinese immigrant has not been marked with much vigour on the part of Governments, churches, or social organizations, and perhaps the task is not easily performed. Yet with such Canadianizing and Socializing influences it is inevitable that the immigration of Orientals must be under severe restrictions, and the fact that so comparatively few take naturalization indicates that there is no strong desire to change allegiance. Strangely enough the Japanese surpass the Chinese in this regard, yet the number of Japanese in Canada has not varied considerably since 1907. Considerable numbers have been coming and going, and it is difficult to see how a nation like Japan with such enormous expenditures and a rapidly expanding industrialism could ever encourage or even allow a large emigration when home production is such a prime necessity, and when the emigrant under other skies may change his allegiance. While that situation remains Japan will probably always be willing to limit the outflow of her citizens into other countries. But that restriction is not operative with the Chinese against whom, as well as the Hindus, on economic grounds the barriers will remain.

SUMMER SCHOOL FOR AUXILIARY CLASS TEACHERS AT TORONTO

BY MISS BESSIE KELLAWAY

Hon. Secretary, Ontario Auxiliary Class Teachers' Association.

THE second Summer Course in Auxiliary Class work was held in the Social Service building of the University of Toronto, from July 8th to August 5th, 1919, when thirty-two students took the course, and sat for the final examinations.

The fact that the teaching profession is becoming more interested in this work, was evidenced by the increase in the number of students enrolled this session, which number was more than double that of the previous session held in 1916. Every student was a fully qualified teacher, of wide and varied experience, which gave to the educational work a meaning and reality necessarily absent in the case of teachers with less experience.

The majority of the students came from Toronto, but the following cities also contributed their quota: Hamilton, Ottawa, Windsor, Kitchener and Kingston.

The course offered was as follows: Mental Defectiveness—Its Cause and Prevention; Psychology—General and Special; The Methodology of the Auxiliary Class Subjects; Organization and Management of Auxiliary Class Subjects.

The morning sessions were devoted to lectures, practical training in handicrafts, and attendance at classes, where the teaching of various types of physically and mentally defective children was demonstrated by teachers who held special qualifications for that particular work. These classes contained mentally defective, myopic, totally deaf, crippled, stammering and super-normal children. The afternoons were spent in visiting such institutions as the Mercer, Mimico, The Alexander School for girls, open air schools, forest schools and various clinics at the Toronto General Hospital.

Dr. Helen MacMurchy was responsible for the arrangements in connection with the course, and was assisted by the following lecturers: Dr. Edward A. Bott, Lecturer on Psychology; Dr. Edward Pratt, Lecturer on Psychiatry; Mr. Norman Burnette, Lecturer on Occupational Therapy; Mr. Charles Paton, Instructor in handicrafts.

In addition to the foregoing an interesting address was delivered by Sir John Willison on "Gifted Children", and also an address by Dr. C. M. Hincks on "Psychiatric Clinic". The physiological side of the work

was dealt with by Dr. C. H. Clarke and Dr. W. Wright who specialized on the ear and eye respectively.

All the students were successful in passing the final examinations, and have since received from the Department of Education, the Special Certificate issued to teachers of Auxiliary Classes.

The outcome of the Summer Course was the formation of the Auxiliary Class Teachers' Association, whose members all hold Auxiliary Class Teachers' Certificates. All the students of the 1919 session became members, and invitation has been extended to teachers who previously held this qualification. Associate Membership is open to any individual who is interested in Auxiliary Class Work.

The Objects of the Association are as follows:

1. To use every means to advance the methods of the education of mentally and physically defective children.
2. To enlist the sympathy and active interest of the general public in their behalf.
3. To consider and evolve the best methods of training teachers for special school duties.
4. To promote the interests of special school teachers.
5. To consider the after care of mentally and physically defective children.
6. To promote the interchange of experience by conferences and meetings, local and general; and to consider and adopt any other means which may be calculated to further the interest of mentally and physically defective children.

The Officers of the Association are:

President: Dr. Helen MacMurchy.

Vice-President: Principal J. Bulmer.

Chairman: Mrs. M. Kerr.

Director: Miss Helen Shepherd.

Secretary-Treasurer: Miss Bessie Kellaway.

ONE PHASE OF THE FOREIGN INVASION OF CANADA

JASPER HALPENNY, M.A.M.D., C.M., F.A.C.S.

Winnipeg.

THE final report of the Board of Registration, which on June 22nd, 1918, took a census of all people in Canada over 16 years of age, showed the following. In all, 5,242,591 people were registered.

The number of aliens who registered was divided amongst the various provinces as follows: Nova Scotia, 7,290; New Brunswick, 3,732; Prince Edward Island, 279; Quebec, 46,379; Ontario, 109,645; Manitoba, 30,801; Alberta, 50,549; British Columbia, 63,479. Making a total of 312,154. It was not clear in the press reports but it seems probable that figures referring to aliens include only males over 16 who were not naturalized. The number in Saskatchewan did not appear in the article at hand.

Of people of foreign birth who registered, United States citizens lead with a total of 109,093, Hungarians 70,501, Chinese 47,102, Russians 42,104, and Italians 27,107.

A brief survey of the cases coming before the six assize courts of Manitoba during the spring of 1919, and the county court of the largest district, viz., Winnipeg, reveals some interesting facts. In the southern judicial district there were 2 Scotch, 3 Canadians, 1 Russian and 1 English, all of whom could read and write. None of the accused were found guilty of the crimes laid against them. This district has only a small foreign population.

At the Dauphin Assizes, where there is a large foreign population tributary, the following cases appeared, English 3, Russian 1, Austrian 8, four of whom could not read or write, American 1, Canadian 9, one of whom could not read or write.

At Minnedosa, where there is also a large foreign population tributary, out of 10 cases tried 9 where Galicians, A press note which appeared during this assizes said, "As the witnesses are all foreigners and have to speak through an interpreter, the cross-examination has been taking up considerable time."

The following list for the Eastern Judicial district includes all criminal cases from January 1917 till the time of the spring assizes of 1919. This district includes the city of Winnipeg.

English.....	11	Norwegians.....	2
French.....	2	Swedish.....	2
Icelandic.....	1	Belgians.....	3
Irish.....	4	Ukranian.....	2
Scotch.....	4	Dane.....	1
Canadians.....	58	Italians.....	6
Americans.....	9	Germans.....	1
	89	Austrians.....	79
		Russians.....	35
		Greek.....	1
		Ruthenian.....	1
		Galicians.....	2
		Swiss.....	2
		Polish.....	7
		Roumanian.....	3
		Spanish.....	1
		Holland.....	1
			149

In this article, those born in the United States have been grouped with British born because of their springing largely from common stock. Icelanders are also included with Canadians because we find them more quickly Canadianized than any European group, except those who are British born.

In the first group above, made up of English, French, Irish, Scotch, Icelandic and American, we find 89, or 37% of the total number of criminals in this judicial district. In the other group there are 149, or 63%.

It will be observed that the Austrians contributed 33% and the Russians nearly 15%. Figures available do not show the total number of people in the province of the two groups as made up above. Neither were figures available for the two assize courts at Portage la Prairie and Brandon.

When the cases are all totaled up, with the same grouping of nationalities as above, we find there were in all 109, or 39% grouped with Canadians and 168, or 61% in the group of aliens or alien birth. It is quite clear this classification is not true to nationalities, but the purpose is to show the alien burden, and the grouping here is certainly in their favour.

It is thus clearly seen that our criminal class, with all the attendant evils, to say nothing of the expense, is drawn all too much from our aliens.

It is quite well known that insanity plays no unimportant role in the realm of criminality. Dr. Bernard Glueck, for example, writing in *Mental Hygiene*, April 1918, "Concerning Prisoners", says, "Thus, for example, we find that no less than 50% of our 606 cases, in addition to evincing various conduct disorders—the direct cause of their imprisonment—

also exhibited some form of nervous or mental abnormality, which in one way or another had conditioned their behaviour. Twelve per cent. were insane or mentally deteriorated, another 28.1% were intellectually defective, while 18.9% were classified as psychopathic".

To judge of the relation of the "foreign invasion" to the problem of mental defects in Manitoba we do not need to surmise from the statistics regarding criminality. From the study of the Public Welfare Commission of this Province the following facts were given us in their second interim report.

POPULATION OF MANITOBA

NATIONALITY OF INSANE
PATIENTS IN BRANDON AND
SELKIRK ASYLUMS

	Per Cent.		Per Cent.
Canadian.....	209,186 or 46.00	338	35.21
British.....	57,229 or 12.5	273	28.52
Others.....	2,293 or .53	93	9.71
French.....	30,944 or 6.79	16	1.67
German.....	34,530 or 7.57	18	1.88
Austrian-Hungarian.....	39,665 or 8.70	115	12.01
Belgian.....	2,453 or .53	8	.83
Bulgarian and Roumanian	123 or .02	5	.52
Chinese.....	885 or .19	4	.41
Dutch.....	2,853 or .62	4	.41
Greek.....	317 or .06	1	.10
Indian.....	7,876 or 1.07		
Italian.....	972 or .10	5	.52
Japanese.....	5 or .001		
Jewish.....	10,741 or 2.35		
Negro.....	209 or .04		
Polish.....	12,310 or 2.61	1	.10
Russian.....	7,761 or 1.04	38	3.97
Scandinavian.....	16,419 or 3.60		
Swiss.....	396 or .08	22	2.29
Unspecified.....	20,727 or 4.05	13	1.35

If the reader will carefully scrutinize the two percentages columns above and also note the undue proportion of our court cases which spring from our alien, and our foreign and other immigrant population, he will be compelled to come to the conclusion that our immigration policy has been grossly defective in the past. In the future we must think of quality, not quantity. And we cannot escape as citizens from all blame. It does not tell the whole story to say that Governments are entirely at fault. Certain groups of so called charitable people are at least equally to blame. Employers of labour have no doubt at times been responsible for part of the evils we now detect. An evil has existed in the past which must be avoided in the future.

INVALID OCCUPATION AS A GUIDE TO THE VOCATIONAL FITNESS OF THE HANDICAPPED

BY NORMAN L. BURNETTE

Ontario Vocational Branch, Department of Soldiers' Civil Re-Establishment.

THE therapeutic value of properly prescribed occupation for invalids is axiomatic.

Occupation may be given to supply interests, which will displace those wrong ideas common to mental sickness. It may be designed to give opportunity for the execution of certain orthopaedic movements. It may be given as a mental "setting up exercise" for minds grown sluggish through hospitalization, or dazed by the realization of a severe handicap.

The basic principles underlying the above are not new. Certain developments are of recent growth, and the peculiar needs of the war disabled have given an added impetus to the work.

If Invalid Occupation is to be evaluated from the standpoint of always using the word "therapeutic" in connection with occupation, the whole question remains in the domain of medicine, and, as such, is outside the province of the laymen.

But the war has brought into evidence a feeling on the part of society that disability is no longer to be regarded merely as a personal misfortune, but also as an interference with the capacity for useful production, and, therefore, as a social loss.

Re-establishment implies medical treatment as one of its containing factors, but, where the impairment of work capacity is such that the injured cannot hope to function again in their old environment, then the cure, socially speaking, is not consummated until the cripple has been re-educated for a new line of useful endeavour.

It has been repeatedly demonstrated among disabled soldiers that the vocational training of adults is feasible and productive of results. The latest figures of the Vocational Branch of the Department of Soldiers' Civil Re-establishment (March 31st, 1919) show that 2,870 men had been re-trained, and were again taking their places as civilian wage earners, or 90.20% of retrained men actually re-claimed by society. These figures only include men who have been followed up by the Department for four months after the completion of training, and who have become stabilized in employment.

The matter of first importance in the re-education of the handicapped is the correct selection of the type of re-training. Changing from one thing to another in search of one's proper vocation is liable to breed a feeling of discouragement even to the healthy. Disabled men are peculiarly susceptible to this most destructive of harmful emotions. Successful vocational guidance depends upon the thorough understanding of the man's fitness in the broadest sense of the word. To achieve this understanding, a psychological study of the patient must be commenced at the earliest possible moment. Invalid occupation provides an invaluable opportunity for observation. In promoting occupations among the handicapped, this point of view must be kept in mind.

If we will examine for a moment the work which has been done in our War Hospitals in Canada, we will find now, an unanimity of opinion among medical men concerning the beneficial effects of occupation. It is interesting to note that the idea of providing occupation fitted to the needs of invalids was an offshoot, not of the practice of medicine, but of the vocational training scheme.

The revolutionary idea of sending professional teachers and trade instructors into hospitals to work with the patients during the period when they were still under the care of the doctors, proved itself right in principle, but was, at the start, wrong in practice. This practice was rapidly adjusted to the actual needs of the situation. The shops and classes conducted in the hospitals became primarily therapeutic in intent, and the work was expanded to take in the care of bed cases and ward patients through the introduction of trained women capable of teaching light handicrafts.

I say the principle was right, because, while conceding to the doctors absolute authority over the occupation carried on while the man was still a patient, it co-related this period with the placement of the man for training after discharge. It meant a co-ordinated effort with all the information concerning the man's activities while in hospital, at the disposal of those responsible of his ultimate re-training.

With the work among our convalescent soldiers fortunately on the decrease, it rests with us to consider in what way we may apply what we have learned of the value of Invalid Occupation to the needs of the civilian.

I will attempt nothing more than a very broad classification of the industrially injured, and content myself with saying that they are either (a) physically, or (b) mentally disabled. The parallel between the soldier and the civilian in group A is not complete. In the case of the first, the country assumes the whole burden of the man's rehabilitation, both medical and economic. With the second, society, at the present, is content to stop short with provision for medical care. With group B

there is similarity of treatment, because we provide custodial institutions.

There is a definite need for Invalid Occupation in the treatment of long cases of physical disability in our civilian hospitals, if only for one of the reasons given at the beginning of this article.

The full benefits of the work would be realized if, in the future, we developed agencies which would follow up the work of the hospitals, by training for vocations those individuals who are unable to continue in their accustomed work.

In the meantime, it would seem possible to take advantage of the growing tendency to consider a Social Service Department as a necessary part of a hospital organization. The addition of trained teachers of occupations to a hospital Social Service staff would provide the necessary personnel for bedside and ward work, and an After Care branch would carry the work into the home.

In both cases the teacher will have to be trained to understand the real aim of the work. Occupation, even in the first stage, must not be wholly diversional. In the last period, the work must not be entirely measured by the quantity, or quality of products, which may be all right at the bedside, but cannot be expected to provide a means of livelihood. Fulsome flattery of some little nicknack made by a bed patient, has, too often, filled the heads of the handicapped with false ideas as to the market value of hand-painted sofa cushions, and Roycroft tooth picks.

An occupational study lays stress, *not on what the patient does*, but on *how he does it*. The Vocational Psychologist will look upon the work in the light of a progressive performance test; a test which will measure, on the one hand, the patient's mental reaction, and, on the other, the probable degree of functional restoration.

The amount of technical knowledge which can be imparted to a patient during the earliest stage of convalescence is necessarily limited; but the technical knowledge which will be gleaned by the psychologist during this period is very valuable.

What is the patient's attitude towards occupation? towards his disability? towards his future? Is he eager to test his skill, or does his attitude range all the way from indifference, to unwillingness? Is he painstaking and persevering, or is he careless and uninterested? Is he slow to learn? Does he get easily discouraged?

Some patients lose interest just as soon as they have mastered the process, others benefit by constant application to the same task, gaining in self-confidence thereby. These manifestations will be readily recognized by the psychiatrist.

The uncovering of latent talents and suppressed longings are discoveries which sometimes turn disabilities into a blessing in disguise. Efficiency, in many walks of life, does not depend entirely upon the possession of robust health and brute strength, but upon the possession of imagination, judgment and initiative, the powers to observe, to reason and to apply.

Canada's experiences in re-training have emphasized one of the grim humours of our civilization. In countless cases it was not until disease, or a crippling wound had prevented return to an old routine, that men had an opportunity to display the powers that were within them. Desirable mental attributes show themselves to the careful observer through the work of the hand, and, let it be added, they can be developed by hand and mind working together just as readily as by formal education. It is not suggested that we shall find some "Village Hampden", some "Mute Inglorious Milton" in every hospital ward. Where the injury falls short of obvious total disability, we should work on the assumption that it is desirable to salvage the skilled artisan for his own calling.

The measurement of the result of ward or workshop therapy, which involves attempted restoration of function, should not stop short at a purely laboratory interest in curves and graphs. The test should include motions, which will approximate as closely as possible the motions which are normally used by the worker in his trade. In many cases, tools could be altered to fit deformities of the hands, or injuries to the arm.

With the mentally afflicted, much of what has been said concerning the physically disabled, is equally applicable. We have the same broad classification, those who are totally incapacitated, and whose lives, therefore, must be brightened by occupation, those who are amenable to cure by occupation, and those whose lives can be made useful and productive by education in occupations fitted to their capabilities, even though their lives must be lived under institutional care.

Surely there can be no better way of aiding the physician in a proper classification of those cases than through the provision of a wide range of occupations. It is conceivable that, even among the lowly, there must be many whose interest and enthusiasm cannot be kept at concert pitch by a day-in-day-out grind in kitchen, laundry, or repair shop.

The writer has been a privileged visitor in many mental hospitals. To those interested in the welfare of the unfortunate, I can suggest no more cheering experience than a day spent in one of the great American institutions where occupational therapy has been fully developed. The atmosphere of such hospitals as Bloomingdale, N.Y., Elgin, and Chicago State, Illinois, is not that of a living grave, but of activity and hope.

The crafts which have been found of most value to mental hospitals, are basketry, leather, work weaving, blockprinting, stenciling, wood-work, and metal work. The object of the treatment has a direct bearing on the choice of these crafts for mental patients. A nervous excitable person should be given work which, while it interest sufficiently to occupy the mind, must not excite the emotions, or cause a mental strain. A depressed patient, on the other hand, will benefit by bright cheerful work calling for a certain amount of animated action. Metal work, despite the noise, has been found very beneficial for shock patients in our war hospitals. The man's attention is taken up with what he is doing, he becomes unconscious of the noise of his own making, and, eventually, indifferent to noises of any kind.

A certain percentage of patients in all mental hospitals are eventually discharged. A history of how they were occupied, and what effect it had on them while they were patients, would be invaluable when considering their placement and after care. Those who remain as institutional cases should be given every possible opportunity for employment. What employments are possible, and what commendable results are obtained, can only be appreciated by one who has seen with his own eyes, the toys, weaving, basketry, book binding, furniture and pottery turned out by chronic cases.

That people, diagnosed as unable to function in ordinary surroundings, can produce useful and beautiful things and evince joy in their work, is a matter fraught with deep psychological significance.

Primitive man was a creature of the hand; through it he expressed his thoughts, his hopes, his fears, his strivings for communion with God. Machinery has tyrannized our lives, but it has not conquered us. We are the manipulators. The hand of man is still the master. "Our mind and temperament are built on handiwork and are attuned to it".*

Invalid Occupation is not a cure all, but its value to the physician is proven. If not allowed to become purely mechanical, it is invaluable to the vocational councillor. Studying the result, we see the craftsman expressing himself in terms of form, colour, materials, muscular activity and concrete ends.

It is a measurement of the mind and body in action. It is a guide to help us in placing the man in an environment where he can function.

*Joseph Lee, "Play and Education".

THE RELATION OF THE JUVENILE COURT TO THE COMMUNITY

BY HELEN GREGORY MACGILL, M.A., MUS.BAC.

Member Minimum Wage Board of British, Columbia; Judge, Vancouver Juvenile Court.

THE Juvenile Court originally was established upon the sound theory that to bring the young and impressionable lawbreaker into close contact with the older criminal is detrimental not only to the young offender but to society in general. The Juvenile Delinquents Act (Chapter 40, 1908) is the outward and visible sign of the inward and spiritual grace of community conscience. The Act is noble acknowledgment of the natural inherent claim of every little citizen upon his older fellow citizens for opportunity to live right and develop the highest that is in him. The Act distinctly brushes aside technicalities, and plainly states that it is to be interpreted liberally to the benefit of the child. Judgment which makes the punishment "fit the crime" may be satisfactory if revenge is the ideal, but the Juvenile Delinquents Act is concerned with reformation rather than punishment as such. Much as it may please some to assert that severe penalties act as deterrents and that such prevent the repetition by the same criminal, careful investigation fails to prove this—capital punishment always excepted.

The inspirers, I use the word intentionally, of the Juvenile Court system, built better than they knew. As the system develops and expands the wisdom of such juvenile segregation is revealed and the scope for service widens from the narrow brook into the great ocean of universal service. Punishment suited to tender years, the guarding of the little offender from contamination by and association with the habitual criminal, by the creation of special courts and procedure has not only brought the results expected, but, because of the special study of these cases and their remedy, much that was hitherto unsuspected has been discovered.

In dealing with juvenile delinquents the "keystone of the arch" as Mr. Scott once wrote, is the probation. The small private court deprives the young would-be Dick Turpin and the girl prostitute of the glory of the police court. The probation officer "apprehending without warrant" and the detention home are far removed from arrest by police officers and the lock-up, while the probation office and the Industrial School afford no ground for vainglorious boasting before youthful admirers. All this doubtless the promoters had in mind but there are other departments, the necessity for which even the wisest could scarcely

have foreseen, for their need only became evident after the juvenile courts had been some time in existence.

The probation system carried out by discreet sympathetic officers produces splendid results. These shine as bright stars in a dark sky. But in every juvenile court is the child for whom judges, probation officers, Industrial School officials exhaust every effort apparently in vain. Here is the great problem. The problem we must finally face and upon the solution of which the future of the next generation largely depends. What makes the difference? Why does probation prove so satisfactory with some who after one or two appearances come no more to court but take their place worthily among their fellows, while with others it is a complete failure?

This question necessarily implies some searching into the underlying causes which bring children to the notice of the authorities. Experience teaches that there are certain young offenders who become "repeaters", and the age at which they come to the juvenile court depends seemingly not so much upon the seriousness of their delinquency but more or less upon whether their offence happens to be of a nature that annoys or shocks some one. For these, judges and probation officers try every resource in vain; though they break their hearts in the effort these children are constantly before the court and either drift helplessly into or head determinedly as the case may be, for the ranks of the low class lawbreaker, the sneak thief, the pick-pocket, the cheap prostitute, the mother of illegitimate children.

Since the basic principle which led to the establishment of juvenile courts was to cure and prevent this very evil—the recidivist—to those concerned in their administration, the inevitableness of such fate for some children who seem destined to a life of failure and crime proves baffling and discouraging.

But the light of day is dawning and better understanding of the real problems is growing. We are beginning to realize that these childish offenders may be divided into certain fairly definite groups and that treatment successful in one case is not at all suitable in others.

First there is the normal child in the normal home.

Second the normal child in the abnormal home.

Third the abnormal child in the abnormal home.

For the first class probation and frequently for a short term is usually successful—the reason for him coming into the court being often due to high spirits or thoughtless mischief—bringing almost immediate and fruitful repentance.

The normal child in the abnormal home is also easily dealt with by the removal of the abnormal conditions. These may be owing to several causes—the widower endeavouring to keep his little family together

with the incompetent assistance of a too elderly relative or an older sister who has no control over the younger members of the family. Or the widowed or deserted mother who must earn the daily bread and whose long hours away from home lead to untold mischief.

In the first case the family may be reorganized in some more effective way, or the children removed—though this should be the last resource. In the case of the mother earning the family livelihood a new phase arises. The necessity of helping the mother who is earning a living to bring up her children in the way they should go, the cruelty and the painful consequences of separating the worthy mother from her children has brought into existence the need for the enlargement of the Juvenile Court to include the department of Mothers' pensions. The woman who can mould and train young souls aright is so valuable an expert that to deprive her of the opportunity of developing young members of the society is to deprive the community of one of its highest assets. Hence Mothers' pensions should form part of the juvenile court system, and the granting of these pensions should be based solely upon character.

Where the home is abnormal because the parents are immoral, or weak either in morals or mentality, but the child is normal, the Juvenile Courts should be able to call upon the home finding or home placing organizations, usually designated Children's Aids, but such associations should be modern in every way. They should not be orphanages or big buildings herding children together, segregating them from their fellow citizens and marking them a class apart, but real home finding and home placing institutions whose principal and most valuable officers are their visitors who inspect, watch, and frequently visit the families and homes where children are placed regardless of the poverty or wealth or social standing of the adopting parents.

But the abnormal juvenile delinquents! Here is the real menace to society. Whether these children be in the normal home, or worse still, in the abnormal home, their very existence has gone unsuspected, until recently. It is only within the last few years that the "repeater", the "recidivist" is being recognized as frequently the subnormal or abnormal child. Whatever the degree of feeble-mindedness may be, this is the child upon whom the ordinary probation system or any effort at reformation based upon normal mentality is lost. The gradual realization that the child who appears again and again in court is not merely "born bad", incorrigibly vicious by nature, but really abnormal or subnormal, brings to light the need for another department in the juvenile court. Probation theories of the ordinary kind are wasted upon these cases. They lack the mentality to do right, they have no power of inhibition. Confused, harrassed, they stand in court pathetic figures, placed in a world too complex for their mental equipment, they are sore

puzzled by the requirements. They have little idea of what is wrong—all they know is that they are always in trouble, and whatever they do is wrong. They fall easily into two classes, the sullen, unattractive, and the amiable, weak—the first actually as helpless as the last, but the intentions of the latter are so pitifully good and they themselves so hopelessly unable to fulfill them.

Greatest of all menaces among these is the girl, the victim of any and every evil man or woman. Her moral offences generally begin early and she is soon debased and diseased. Her very youth makes her a greater source of danger because she comes and goes and leads others astray freely, her tender age rendering her unsuspected. As she falls lower and lower in the social scale she carries sorrow and disease wherever she wanders, incapable of reformation, she graduates from juvenile courts and Industrial Schools to police courts and gaols, finally to die in the gutter, having infected all with whom she came in contact.

Appreciation of right and wrong calls for mind but here there is no intellect to work upon. It is not a question of a mind gone astray but of a deficiency and lack. Her dulled intelligence is incapable of comprehending or truly appreciating the error and the danger of her ways, nor is she sufficiently developed to refuse the domination of stronger wills. In other words, it is hopeless to expect reformation where there is no mind to work upon. It requires brains and ability to be good. But it is only recently, very recently, that the sociologist is awakening to the fact that good intentions are not the sole requirement. Admonition, reprimand, exhortation fall upon dulled ears and bring only bewilderment and pain to the darkened intellect. Such methods are worse than useless; they are cruel. Callous indeed is the heart that is not touched by the unhappy plight of these poor unfortunates thrust into a world continually disapproving and punishing.

For them early recognition and special training is the only relief, a relief that humanity urges us to afford and enlightened selfishness demands the community should grant for its own protection.

The absolute need of recognition and special training for all abnormal children brings us to another vital necessity in the juvenile court—the psychologist. Psychology and psychiatry all play a highly important role in the juvenile court. Where the psychological examination, followed by scientific treatment for psychopathic and related conditions is absent juvenile courts lose splendid opportunities for service. Doubtless such courts obtain certain limited results, as has been graphically said, "the puppy of the police court", but they will never cure or prevent the constant drift of the subnormal into the ranks of the criminal classes.

Not only is the lot of the abnormal child rendered happier by segregation and special training but the whole body of society benefits the

more, nearly the whole number of its citizens approach to the normal standard, or where this is not possible, are set apart so that others who might do better may not be contaminated morally and physically. Only where the juvenile court system carries with it corollary departments, the probation office, the detention home, the Industrial School (that teaches not only morals but means of livelihood), the Mothers' pension bureau, and the psychological department to weed out those for whom special training and segregation must be provided, is it rendering full service to the community. Feeble-minded offenders on probation or in industrial schools gain nothing themselves and corrupt others, hinder the work and prevent success with the normal minded. If they are sorted out and allotted to their own classes and institutions they become as useful as possible and as little of a menace as such as they can ever be, and given custodial care they are restrained from disseminating venereal disease or of propagating their own kind to the second and third generations.

In order to place the whole penal and reformatory system upon a common sense, humane basis, following the juvenile court and its system should be the indeterminate sentence and parole system for adults, treatment for disease and for drug addicts.

Even the most sanguine cannot predict how far reaching may be the effect upon national life, the effect upon the next generation of our citizens, were Canada covered with a network of juvenile courts, complete in all departments, and all filling their highest functions. The source of supply for the ever-increasing ranks of the criminal and the prostitute would be cut off at the fountain head if no longer the juvenile delinquent be allowed to graduate into the police court and the gaol but is directed into the channels best adapted in each case for betterment, reformation and restraint.

After this, as naturally as comes dawn after night, and after dawn the noonday, will follow a real endeavour to reform the adult criminal. Under the warm light of reason and sympathy will melt away our present barbarous, antiquated and foolish penal methods, the prison garb, the silence system, the appalling opening of the doors at the end of the term to thrust the prisoner forth into a cold and angry world. All of this will be replaced by the indeterminate sentence, the prison wage for the re-establishment of the offender and the benefit of dependents, the parole system, the prison gate society to welcome and help re-entry into citizenship.

Heaven hasten the day when Canada relegates to the dark ages—where it belongs—punishment that looks not to reformation, but drives the offender further along the road to destruction. In the sun of common sense and understanding let us hope a flood of light may be poured upon our courts, our prisons and our penal system.

ACCOUNT OF WORK FOR THE FEEBLE-MINDED IN HAMILTON, ONTARIO

BY T. H. WILLS, ESQ.,

President of the Ontario Association for the Care of the Feeble-Minded.

IN the autumn of 1916, the Executive of the Provincial Association for the Care of the Feeble-Minded recognized the desirability of having branch associations organized in all the cities throughout the Province; and at their request the Secretary (Dr. C. M. Hincks), wrote the respective mayors of 14 cities, requesting them to convene a public meeting to consider the suggestion.

At the Annual Meeting of the Association held in February 1917, he reported that in only one instance (viz., Fort William) had his communication been even acknowledged; and even in that case the authorities had declined to entertain the suggestion.

With a view to remedying this neglect, in one district at least, the writer suggested to Dr. Hincks, in April 1917, that a second letter should be despatched to this city; guaranteeing that at least the courtesy of a reply would be vouchsafed.

Dr. Hincks having intimated that the aforesaid suggestion had been carried into effect, a personal call was made upon the mayor forthwith to "dot the i's and cross the t's", of the missive in question.

The visit resulted in an invitation to wait upon the Board of Control at their next meeting, to explain the aims and objects of the Provincial Association, and the necessity for local support.

The reception proved to be a favourable one, and resulted in the matter being sent on to the Legislative Committee, with a view to the necessary action being taken.

A further interview with the Legislative Committee led to the adoption of the suggestion that a meeting be convened in the City Hall by personal invitation from the Mayor, on behalf of the Council; and that Dr. Helen MacMurchy and Dr. C. M. Hincks be requested to attend and address the meeting on the subject in question; the individual who had taken up the matter on behalf of the Provincial Executive, undertaking to personally see that the invitations were widely and judiciously distributed.

Some 300 invitations were sent out, to parliamentary representatives, members of the City Council, Educational bodies, inspectors and teachers; the clergy of all denominations; members of the medical profession; the Executive of business and fraternal organizations, and

of the Trades and Labour Council; recognized social-welfare workers of every grade, and others likely to be interested; with the result that considerably more than 100 were present at what proved to be the inaugural meeting of the Hamilton branch of the Provincial Association for the Care of the Feeble-Minded. Mayor Booker, who occupied the Chair, struck the key-note of sympathy in his introductory remarks.

Dr. Helen MacMurchy spoke in her usual forcible and convincing manner of the necessity for providing institutional care and special educational and manual training for those mentally deficient; and pointed out the economic advantages accruing to the community generally where such provision was made.

Dr. Hincks gave an interesting and illuminating account of the work carried on at the Psychiatric Clinic of the Toronto General Hospital during the past three years. He adduced statistics from the investigations made at that Clinic, proving that mental deficiency was an important factor in juvenile delinquency; and showed how two or three feeble-minded children of sexual abnormality had in more than one of their Toronto Schools been the source of moral contagion to an alarming extent. He felt justified in assuming that a similar investigation in Hamilton, would bring out facts sufficiently alarming to rouse the public conscience, with a resultant demand for remedial measures.

In conclusion, he expressed the hope that Hamilton would not be too proud to follow in the footsteps of Toronto, and form a local branch of the Provincial Association.

John Allan, M.L.A., considered it a question that should be dealt with by the Legislature at the earliest opportunity; and advocated the formation of a local association.

Mrs. Robert Evans and Mrs. P. D. Crerar referred to their Association with rescue work for more than two decades; and of how increasingly difficult the problem became where feeble-minded women and girls were concerned.

Rev. W. H. Sedgewick expressed the opinion that they had been sleeping upon the edge of a crater of a volcano. Every minister of every denomination would be glad to be afforded the opportunity of doing everything within his power to cope with the menace that had been thus brought to their notice.

Sheriff Middleton, Dr. R. Y. Parry and Dr. J. Roberts, M.H.O., also spoke briefly as to the necessity for dealing with the matter promptly and effectively.

T. H. Wills considered the question of the feeble-minded, a moral cancer in the body politic; and as such, drastic treatment was not only necessary but imperative. He moved that a Committee be appointed

to organize a local branch of the Provincial Association. The motion having been seconded by Mrs. Robert Evans, was unanimously adopted.

The mover thereupon proceeded to nominate what he designated a "hand-picked" Committee; "hand-picked", inasmuch as it included an active worker from practically every public body or organization of any standing in the city, and was thus comprised of some 50 representative citizens, all of whom had promised not only moral support but active co-operation.

At a meeting of this Committee held a few days later, the following officers were appointed: President, Judge Gauld; 1st Vice-President, Mrs. Robert Evans; 2nd Vice-President, Sheriff Middleton; 3rd Vice-President, Mrs. P. D. Crerar; 4th Vice-President, Dr. G. S. Glassco; 5th Vice-President, W. H. Lovering; 6th Vice-President, Mrs. N. Urquhart; Hon. Treasurer, Miss Hilda Savage; Hon. Secretary, T. H. Wills.

The constitution and bye-laws of the Provincial Association were adopted, with slight emendations to meet local requirements; and the following committees appointed; Finance, Publicity, Educational, Medical, Social Service.

The work of the local Association has been in the main devoted to educating the public opinion on this all-important question; and an unobtrusive but effective press campaign has been steadily conducted with the object of keeping its various phases before the community.

A deputation waited upon the Board of Education to enlist their active co-operation in the matter of providing special classes with specially qualified teachers for such children as were considered mentally deficient.

A sub-committee was appointed by the Board to deal with this matter from time to time as necessity arose, with very satisfactory results.

The following measures may, in addition, fairly be claimed as resulting, directly or indirectly, from the formation of this local branch:

A series of fortnightly addresses on Community Welfare, including addresses from Dr. C. M. Hincks on "The Feeble-Minded Problem", Dr. C. K. Clarke on "The Venereal Problem", Commissioner Boyd on "Juvenile Courts and Juvenile Delinquency".

The formation of an "Advisory Committee on Venereal Diseases".

The establishment of a Psychiatric Clinic, with a subsidy from the City Council.

A census (taken by the principals) of the feeble-minded children in the City Public Schools.

A similar census in the public schools of the County of Wentworth.

The establishment of an additional class for mentally deficient children at the Adelaide Hoodless School.

A healthy public opinion strongly in favour of the establishment of a Juvenile Court has been created; and in the near future this too may become *un fait accompli*.

At the request of the local Association the Hon. Mr. Justice Hodgins consented to hold a sitting of the Commission in this city and heard evidence from competent authorities on the Venereal problem.

A subsequent session was held by the Commissioner on the matter of Provision for the Care of the Feeble-Minded.

Several witnesses presented their views and personal experiences, dealing with both local and provincial requirements; and the following recommendations (which had previously been unanimously adopted by the local committee) were submitted to the Commissioner.

Recommendations from the Executive Committee of the Hamilton Branch of the Provincial Association for the Care of the Feeble Minded:

1. Residential homes for the care, training and employment of the mentally deficient, who are beyond school age, and who while allowed to be at large, are a danger or menace to the Community. Such homes to be provided by the Provincial authorities, but the municipalities and townships concerned to share the cost of maintenance of their respective inmates.

2. The establishment of special classes, with specially qualified teachers, in all urban districts, for mentally deficient children, attending school. All children, falling within this category, to be required to attend such classes.

3. The establishment of Psychiatric Clinics in all the larger centres.

4. Compulsory examination, at such clinics, of all children who may be considered by the principal of the school which they are attending (or by other duly recognized authority), to be mentally or morally deficient; and who, in consequence require a special course of training.

5. The establishment of Juvenile Courts.

6. The establishment of Medical Boards (as in the case of the insane), authorized to pronounce on the mentality of those whom duly recognized authorities consider should be placed under observation in schools or residential homes for the mentally deficient.

7. Residential Schools for the education and training of mentally deficient children of school age, who require to be under observation and restraint. (Provision and maintenance as in Clause 1).

Quite recently a deputation, headed by the Medical Health Officer, waited upon the Board of Education to urge that the work already carried on in the Dental Clinics attached to the schools be extended and that a complete dental survey be carried out under the personal direction of the dental staff of such clinics.

The deputation in question was accompanied by the Honorary Secretary of the local branch of the Provincial Association for the Care of the Feeble-Minded, who requested that facilities should be provided for a mental survey and adduced several arguments in favour of the adoption of such a course.

He intimated that Drs. C. K. Clarke and C. M. Hincks (representing the Canadian National Committee for Mental Hygiene) would undertake to conduct such a survey if invited by the Board to do so.

The Trustees referred the matter to the two School Inspectors and the school Principals, to formulate a scheme that would facilitate such a survey without unduly interfering with the ordinary school routine.

It would appear, therefore, that although much remains to be done before Hamilton in any way approaches the ideal State conditions outlined by Dr. Walter Fernald, in his contribution to the July issue of the CANADIAN JOURNAL OF MENTAL HYGIENE, something has been done to awaken local interest and improve local conditions and it is anticipated that the Report to be presented to the Provincial Legislature by Mr. Justice Hodgins in the near future and the recommendations likely to be contained therein, will give a fresh impetus to the work of the Association.

ABSTRACTS

Four Million Dollars for the Fight Against Venereal Diseases, by H. H. Moore. The passage by the United States Congress in July 1918, of the Chamberlain-Kahn bill made available for the fight against venereal diseases in civilian communities the sum of four million, one hundred thousand dollars.

Section 1 creates an Interdepartmental Social Hygiene Board to consist of the Secretary of War, the Secretary of the Navy, and the Secretary of the Treasury, and the Surgeons General of the Army, Navy, and Public Health Service; or of representatives designated by the respective secretaries; the duties of the said board to be: (1) to recommend rules for expenditure of \$1,000,000, allotted to the states for the purposes authorized under section 2, of this chapter; (2) to select the institutions and fix allotments under section 6; (3) to recommend such general measures as may seem necessary to carry out efficiently the purposes of this chapter; (4) to direct the expenditure of the sum of \$100,000 referred to in section 7.

Section 2 authorizes the Secretary of War and the Secretary of the Navy to adopt measures assisting the states in caring for diseased persons (in detention homes) in order to protect from venereal infection soldiers and sailors of the United States.

Section 3 establishes in the Bureau of the Public Health Service a Division of Venereal Diseases.

Section 4 provides that the duties of the Division of Venereal Diseases be: (1) to study and investigate the cause, treatment, and prevention of venereal diseases; (2) to co-operate with state departments of health for the prevention and control of such diseases within the states; and (3) to control and prevent the spread of these diseases in interstate traffic.

Section 5 appropriates \$1,000,000 to be expended in carrying out the provisions of section 2.

Section 6 appropriates \$1,000,000 annually for two years to be allotted to the states on the basis of population for the use of their departments of health in the prevention, control, and treatment of venereal diseases, the payment to each state for the fiscal year beginning July 1st, 1919, conditioned on the state's raising an equal amount; but payment for the fiscal year beginning July 1st, 1918, to be without such condition. It further appropriates \$100,000 annually for two years to be paid to suitable institutions for scientific research for the purposes of discovering more effective medical measures in the prevention and treatment of venereal diseases. It further appropriates \$300,000 annually for two

years to be paid to institutions qualified for scientific research for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases, and for the purpose of sociological and psychological research related thereto.

Section 7 appropriates \$200,000 to defray the expenses of establishing and maintaining the Division of Venereal Diseases; and appropriates \$100,000, to be used under the direction of the Interdepartmental Social Hygiene Board for any purpose for which any of the appropriations made by this chapter are available.

Section 8 provides that the terms "state" and "states" used in this chapter include the District of Columbia.

Social Hygiene, January, 1919.

THE PREVENTION OF INSANITY

The State and the Insane, by Richard H. Hutchings, M.D. This article is a vigorous attack upon the present attitude of the State towards the insane. "The State, in the exercise of its monopoly of the treatment of the insane, says who shall be treated and when the treatment shall begin. He must be dangerous, he must be suicidal, the public peace and welfare must be menaced by his presence, therefore in the majority of cases he must be incurable. It mattered not that the patient himself felt that something was going wrong with his mind, and fearful for his sanity knocked at the door of the asylum and asked for help. 'No, indeed', he was told. 'We only take in lunatics; the fact that you asked for admission indicates that you have reason and judgment. Go away until you become certifiable'". This picture, if not strictly accurate, as voluntary admissions to institutions are permitted in some of the American States and in the British Islands, is hardly a caricature of the state of things in times comparatively recent, and even now provision for the care of border line cases is everywhere miserably inadequate. The whole subject needs re-thinking. The State, the Law Courts, popular opinion long thought that a lunatic was simply a lunatic *sans phrase*, dangerous to himself and to others, needing incarceration, probably incurable. This is a travesty of the facts. The public was partly to blame, because it was felt to be a disgrace to have a relative in an asylum and recourse to such institutions was regarded as a *dernier ressort*. The curable stage of mental affliction was generally allowed to pass without effective treatment. Now we know better. Psychiatry has established its right to be regarded as a recognized branch of science. Mental affections present every grade of severity and many of them are curable. Our whole machinery needs re-casting. Some means must be devised for dealing with the many cases which are hovering on the line—always

difficult of demarcation—which separates the sane from the insane. War neuroses have accentuated the necessity of dealing effectively with such cases. Dr. Hutchings says forcibly: “If we could stop thinking about insanity and provide hospitals, dispensaries and clinics for the treatment of mental illness of all degrees, we should, for a time at least, have more work to do, but we should make some real progress where now we are marking time”.

General hospitals will find it necessary in the not distant future to provide psychiatric clinics, where patients who present signs of mental instability could be examined and advised. The work “asylum” with all its opprobrious connotation, should be dropped and the title “mental hospital” substituted. Voluntary admissions should be permitted and regularized. Mental ailments should cease to be regarded with ignorant aversion or superstitious fear. We have in large measure reformed the treatment of insane patients with immense benefit to the insane. We look back with horror to the strait waistcoats, the solitary cells and the flagellations of former epochs. But we have not yet cleared our minds upon the whole subject of mental affections. Here, as always, progress can only be gained by clear thinking.

The Chicago Medical Recorder, April 1919, pp. 143-150.

FAMILY SNARES

Heredity in Feeble-Mindedness is a very able article, by Dr. George Ordahl, dealing with 50 families known to contain one or more children reported to be defective in intelligence. Unfortunately, the examination was incomplete, 20 fathers and 3 mothers not being examined, as also a considerable number of children reported normal by officials and teachers. These omissions definitely minimize the value of the report. The findings are curious. Of the nine idiots recorded in nine families, 15 parents were examined and only two were found to be defective, yet of the 25 imbeciles in 18 families 20 parents (number examined not stated, but apparently 26) were defective. Of the children 59 out of 219—note the high proportion—were dead. In 13 families where both parents were defective—type of defect not being stated—eight children were classified as “normal”, but no statement is made as to the source of the information. In view of the repeated suggestion that two parents mentally defective by heredity and not by disease or accident always have mentally defective children, a more definite and thorough examination of every important group should have been made. The result is that, interesting as the study is, the results are suggestive rather than determinative. The final conclusion is that the “histories of the 50 families indicate that such persons as are represented by the parents studied can be

detected by expert means in the early years of their school life". Yet Table II shows nine families where both parents are normal.

Training School Bulletin, New York, March-April, 1919, pp. 2-16.

IS IMMIGRATION EUGENIC?

Immigration Restriction and World Eugenics, by Prescott F. Hall. Immigration tends to sterilize the people on the higher social and economic levels who are already in the country. The population of the United States would have been larger to-day if there had been no immigration since 1820. The low-class immigrants have not only diminished the numbers of the natives, but have also dissipated the energies of the latter by introducing elements of conflict into the nation, and thus prevented the development of many of those kinds of ability which are most worth cultivation. Left to themselves in their own habitat the inferior stocks would naturally decrease, while the superior ones would promote institutions which would be of the greatest advantage to the former, who, as far as their natural endowments allow them, progress mainly by imitation and emulation.

Journal of Heredity, March, 1919, pp. 125-127.

Disease and Natural Selection. The report of H. C. and M. A. Solomon in *Mental Hygiene* for January, 1918, contains interesting evidence of the selective effects of syphilis. Of 247 families, 34 per cent. had no children. In addition 20 per cent. had abortions, miscarriages and stillbirths, and dead children occurred also in 20 per cent. As a result the average number of living children is only 1.3. It is not here stated whether this refers to completed families, but the figure is compared to the average of 4.4 for the same vicinity obtained from the U.S. census report.

Journal of Heredity, December, 1918.

Some Present Aspects of Immigration. In the fourth report of the Committee on Immigration of the American Genetic Association, that body expresses itself as heartily in favour of the provisions of the new Immigration Bill, for the most effective exclusion and deportation of unfit aliens. The immigration of inferior individuals or sons is of great importance to the United States, into which the annual immigration before the war amounted to nearly a million and a half. It is no less important to the British Empire, and it is sincerely to be hoped that measures at least as strong as those of the United States will be taken to prevent the contamination of our own race.

Journal of Heredity, February, 1919.

Better American Families, by Wilhelmina E. Key. This interesting series of family histories shows well the continuity of ability through various members of mixed families. The different branches of the same family show immense differences according to the segregation of hereditary factors, and the qualities of those with whom they intermarry.

Journal of Heredity, February, 1919.

Good Qualities are Correlated, by F. A. Woods. This article summarizes a number of researches and opinions all tending to show that desirable qualities in mankind are in fact naturally correlated: and that there is therefore no ground for the suspicion that eugenic measures designed to further one group of qualities might inadvertently injure others equally desirable.

Journal of Heredity, February, 1919.

Race Mixture in Hawaii, Second Series, by Vaughan McLangley. Detailed statistics are given of marriages between the numerous distinct races inhabiting these islands. The undesirable effects of race mixture, especially on the part of Europeans, is strongly emphasised.

Journal of Heredity, February, 1919.

Red Cross Knowledge of and Opinion on Venereal Diseases. Unanimous conclusions were arrived at by experts at Cannes—among them Brevet-Colonel L. V. Harrison, Dr. Menzies and Sir Arthur Newsholme—who, on April 1st, issued a report on venereal diseases for the Red Cross Societies. The recommendations included the repression of street soliciting and of prostitution as a business, control of the drink traffic and of places of rest and refreshment which lend themselves to vicious uses, the isolation of infected individuals, the establishment of dispensaries and free diagnosis and treatment. The policy of the C.D. Acts was repudiated: and measures were suggested for making public opinion and the social environment unfavourable to sexual vice, e.g., early marriage, the instruction of children in the facts of reproduction, and the education of men and women belonging to the medical and nursing professions in public health principles.

The Healy-Fernald Picture Completion Test as a Test of the Perception of the Comic, by Miriam A. Walker and M. F. Washburn. While examining the Healy-Fernald Picture Completion Test its possibilities as an apparatus for investigating the perception of the comic occurred to the senior author of this study. The picture, it will be remembered, represents a variety of independent occurrences, and in the representation of each some essential object is missing. A number of blocks are supplied which can be fitted into the empty spaces where the missing objects have been: some of these blocks bear the missing pictures,

others have pictures of irrelevant objects. When the puzzle is used as originally intended, the problem for the child tested is to find and put in place the proper object for each episodic picture. Thus in the blank space between the boys whose attitudes show that they are playing football the square block bearing the picture of a football must be fitted; the space in front of the child who is holding a saucer of milk must be filled in with the picture of the approaching cat; below the boy dropping an apple out of a tree must go the picture of the basket of apples; opposite the fighting rooster must go the other fighting rooster; the obviously terrified boy must have the savage dog supplied, and so on. There are ten such episodes. The drawings themselves are comic; the exaggerated expressions make the effect amusing even when the missing pieces are correctly supplied.

But in some of the episodes at least the effect is much funnier if a wrong object is substituted; and this suggested the use of the puzzle as a test of the comic. If instead of the football there is put the picture of a crying baby, which thus appears to be tossed to and fro; if instead of the apple basket a comfortably sleeping cat appears about to be hit by the falling apple; if a pile of school books is supplied in place of the dog from which the small boy flees in horror; a new joy is given to contemplation of the varied scene.

Now all authorities agree that a situation to be comic must involve an element of incongruity. We may however perhaps distinguish as belonging to different intellectual levels the comic that is based on mere incongruity, such as we find in nonsense rhymes, and that where the incongruity is combined with appropriateness and thus with an element of wit. Thus to fit in a picture of a robin instead of the savage dog so that the small boy flees from a harmless bird, is to make a merely incongruous combination; to put in the bundle of schoolbooks introduces the element of appropriateness and wit, since it hits at the too frequent emotional attitude of small boys towards schoolbooks. To put in place of the football a lighted candle gives mere incongruity; to put in the crying baby may do violence to the maternal instinct, but the baby's expression is undoubtedly appropriate. It seemed worth while to investigate whether any significant differences exist between individuals in their susceptibility to the humour of the purely incongruous and that of the incongruous which involves also the appropriate.

The following method was used. For each of the vacant squares on the board three picture squares were selected. One of these was the appropriate one, which logically completed the picture; one formed a merely incongruous combination with the picture; one was intended to appeal by an element of appropriateness in the midst of incongruity to a more intellectual sense of humour. It was not possible to find a com-

pletion that fulfilled this condition for all the blank spaces on the board. The picture squares that were used as "merely incongruous" were as follows: for the broken window, cherries; for the barking dog, the robin; for the cat, the old shoe; for the football, the candle; for the little girl's hat, the pumpkin; for the cartwheel, the bunch of flowers; for the basket of apples, the pipe; for the piece of wood, the pocket-book; for the bird, the glove; for the rooster, the bottle of milk. The "really funny", as opposed to "merely incongruous" blocks, were as follows: for the dog, the bundle of books; for the football, the crying baby; for the basket of apples, the sleeping cat; for the rooster, the clock (which gave the other rooster the air of being horrified to discover how late it was; perhaps a rather subtle bit of humour when compared with the baby as football). Recognizing that the following combinations were not really funny, we used them for want of anything better in the remaining episodes: for the broken window, the whole window; for the cat, the fish (our observers, as will appear, thought this a highly humorous combination); for the hat, the bottle of medicine; for the cartwheel, the necktie; for the piece of wood, the cup; and for the bird, the mouse (this also appealed to our observer's sense of humour).

The following directions were given to the observer: "I am going to put three blocks successively in each of these squares, and I want you to assign a numerical value, from 1 to 5, 5 being the highest, for the degree of funniness of each of the blocks". The order followed was: the appropriate block; the "really funny" block; the "merely incongruous" block.

Eighty young women college students, eighteen seventh grade boys and girls, and eighteen fourth grade boys and girls were the observers. Out of the data collected, several rather interesting conclusions and suggestions for further work emerge. (1) What may be called the intensity of the reaction to the comic of the type presented in these experiments is greatest in the fourth grade children, less in the seventh grade children and least in the adults. This factor of intensity may be measured by the average numerical value assigned to the funniness of each of the combinations, by each of the three groups of observers. The college students found an average numerical value of three or above for six combinations only; the baby for the football (3.9); the mouse for the bird (3.6); the fish for the cat (3.5); the sleeping cat for the basket of apples (3.5); the school-books for the dog (3.4); and the clock for the rooster (3.4). The seventh grade children estimated the funniness of eight of the combinations at an average of three or above; the baby for the football (4.2); the sleeping cat for the basket of apples (3.8); the mouse for the bird (3.6); the broken window in its proper place (3.5); the barking dog in its proper place (3.4); the cup for the piece of wood

(3.3); rooster in its proper place (3.1), and the necktie for the waggon-wheel (3.1). The fourth grade children estimated ten combinations at an average of three or over; baby for football (4.6); rooster in proper place (4.3); cat for apples (4); mouse for bird (4); wheel in proper place (3.8); cat in proper place (3.5); dog in proper place (3.4); broken window in proper place (3.2); clock for rooster (3.1); necktie for wheel (3).

(2) The pictures in their appropriate context were funnier to the fourth grade children than to the seventh grade children, and to the seventh grade children than to the college girls. The average score for all the appropriate pictures was for the fourth grade group (3.14); for the seventh grade group (2.54); for the college girls (1.73). Since these figures because of the small number (18) in each of the seventh grade and fourth grade groups, are not very significant, they may be supplemented by the statements that in the seventh grade there were thirty-five cases where the appropriate picture was held to be funnier than either the "really funny" or "merely incongruous"; in the fourth grade there were seventy-four such cases. In four groups of eighteen college girls each, taken in the random order in which they were experimented upon, the number of such cases was 22, 24, 36 and 13 respectively. The distribution of the tendency to find the appropriate picture funnier than any other may be indicated by the following figures: In the fourth grade three observers gave seven cases each where the appropriate picture was judged funniest; one observer gave six such cases; eight observers gave five cases; two gave four cases; three gave three cases; two gave two cases; none gave only one case, one gave no case. In the seventh grade, no observers gave either seven, six or five cases; four gave four cases each; three three cases each; four two cases; two one case; and five no cases. In Group I, college girls, one gave five cases; one four cases; one three cases; two two cases; six one case; seven no cases. In Group II, college girls, one gave five cases; two four cases; one three cases; two two cases; four one case; eight no cases. In Group III, college girls, one gave six cases; two five cases; three four cases; one three cases; two two cases; one one case; eight no cases. In Group IV, college girls, none gave four or more cases; two gave three cases; two two cases; one one case; eleven no cases. It would seem plausible to suppose that finding the appropriate picture especially funny may indicate a certain naive quality of mind, a tendency not to be bored by commonplace situations, which would be oftener found in young children.

(3) A more unexpected result is that mere incongruity is decidedly funnier to seventh grade children than to either fourth grade children or adults. The average numerical value assigned to the pictures which were merely incongruous in their setting was for the fourth grade (2.59); for the seventh grade (3.34); for the college girls (2.65). There were in

the fourth grade group forty-two cases where the merely incongruous picture was thought to be the funniest completion; in the seventh grade there were seventy such cases, and in the four groups of college girls the numbers were forty-four, forty-one, forty-eight and forty-three respectively. In the fourth grade group, there was no observer who found the merely incongruous picture the funniest completion in more than four cases out of the possible ten; there were two who found it so in four cases; five who found it so in three cases; eight who found it so in two cases; three who found it so in one case. In the seventh grade, there were three observers who found the merely incongruous picture funniest in six cases out of the ten; two who found it so in five cases, four in four cases; three in three cases; three in two cases; no one who found the incongruous picture funniest in only one or in no case. In the first group of college girls, two found the incongruous picture funniest in six cases; no one in five; three in four cases; two in three cases; four in one case; two never. In Group II, college girls, no one found the incongruous picture funniest in six cases; two so found it in five cases; three in four cases; two in three cases; four in two cases; four in one case; two never. In Group III, college girls, one observer found the merely incongruous picture funniest in seven cases; no one in six cases; one in five cases; two in four cases; three in three cases; six in two cases; two in one case; two never. In Group IV, college girls, one observer found the incongruous picture funniest in seven cases; no one in six cases; two in five cases; one in four cases; four in three cases; four in two cases; two in one case, three never.

It will be seen that there is much more individual variation in the taste for the "purely incongruous" style of humour among the adults than among the children. It is obviously desirable to extend the experiment to a much larger number of fourth and seventh grade children, and this we plan to do.

The American Journal of Psychology, July, 1919.

THE RESULTS OF CERTAIN STANDARD MENTAL TESTS AS RELATED TO THE ACADEMIC RECORDS OF COLLEGE SENIORS

By Hermine Baum, Mirian Litchfield, and M. F. Washburn.

The tests used were the following:

(1) The Hard Opposite Test of Woodworth and Wells. The results were stated in terms of the average time for a single correct response.

(2) The Analogies Test, lists A and B, of the Woodworth and Wells set; the results were stated in terms of the mean between the average

time for a single correct response in A and that for a single correct response in B.

(3) The Substitution Test, the Woodworth and Wells form, with the star, circle, square, cross and triangle. The results were stated in terms of an index of efficiency, accuracy being reckoned by subtracting for each error two from a total of 100, and the time required for the whole sheet being divided by the index of accuracy thus obtained.

(4) The Cancellation Test, the form beginning hplg or that beginning zcyu a's being cancelled. The results were stated in the form of the index of efficiency, for the work-limit method: 100 times the index of accuracy divided by the time; the index of accuracy being found by dividing the number of a's crossed by the number on the page.

(5) Information Test. This was the familiar Whipple list of words, beginning "ageratum". Since an observer may often think he can define a word when he cannot, and his opinion can be reputed only by a laborious criticism of definitions, we took as the measure of an individual's information the number of words on this list that were marked N, as being wholly new and unfamiliar to her. One is not likely to be mistaken on such a point as this.

No preliminary practice was given on any of the tests except the Opposites and the Analogies Tests, where examples were given.

The observers were chosen on the following principle. They were all Vassar students in the second semester of their senior year. At this period the Dean's Office has on record for each girl a numerical value which represents both the quantity and the quality of her work for the seven semesters she has completed. For each semester hour of work done of grade A, she receives 5 points of credit; each hour of B grade work gives her 3 points; each hour of C work 2 points; each hour of D work (just passing) one point. The object of our study was to see how well the work of a student, thus measured, correlated with her performance in the above tests.

The study may be divided into two parts:

I. Thirty-eight seniors were chosen whose records formed a fairly continuous scale from the highest to the lowest in the class. The plan was to have their numerical standings differ by four points. For the lowest twenty-three on the scale, this was actually the case; in the upper half of the scale there was occasionally a greater distance between the ranking of one individual and the next above or below her. Beside this ranking as regards academic performance we set the rankings of the students in the various tests, and calculated rank difference correlations. The results were as follows—

Average time of a correct response, Group II, 3.58, m.v. 1.37.

Here the group of a superior academic standing does distinctly better than that of a poorer academic standing, and the distribution of cases bears this out. Scores of between 1 and 2 seconds, that is, the best scores, were made by four from Group I and by two from Group II. Scores between 2 and 3 seconds were made by sixteen from Group I and by seven from Group II. Scores between 3 and 4 seconds were made by four from Group I and by seven from Group II. Scores between 4 and 5 seconds were made by one from Group II and by two from Group I. Scores above 5 seconds were made by no one in Group I, and by seven persons from Group II.

Analogies. Here also the smaller the score the better the performance.

Average time of a correct response, Group I, 2.46, m.v. .26.

Average time of a correct response, Group II, 2.62, m.v. .30.

The better group, academically, is better in the test than the poorer group academically, though the difference is not so marked as in the case of the Opposites Test. The distribution of scores is very scattering and may be summarized by saying that scores better than 2.5 seconds were made by 56% of the observers in Group I and by 36% of observers in Group II; while scores poorer than 3 seconds were made by 12% of Group I and by 20% of Group II.

Information. Since this test was scored by the number of words new to the observer, the smaller numbers indicate the better performances.

Average number of new words, Group I, 31, m.v. .8.

Average number of new words, Group II, 37, m.v. .78.

An advantage on the part of a superior group in academic standing appears. Fifty-two per cent. of the observers in Group I found less than 30 new words; 28% of Group II found less than 30 new words. On the other hand, 36% of Group I and 40% of Group II found more than 40 new words, so the difference between the groups seemed to be that there were fewer noticeably good vocabularies in the poorer academic group, but about the same number of noticeably poor vocabularies in the two groups.

The net result of the study is that the Cancellation Test and the Substitution Test do not serve at all to differentiate the best from the poorest students in a group all of whom are up to the standard required for graduation from college; and that while neither the Opposites Test nor the Analogies Test serves entirely to separate such groups, there is a distinct correlation in the case of both between test performance and academic record. The number of words in the Whipple Information Test which are new to a student is correlated with her academic record; the best records in this test are largely made by students of the best academic standing, but some noticeably poor records are made by such students.

THE CARE OF MILITARY MENTAL CASES*

A PAPER with this title was presented by Major E. H. Young, in charge of the Hospital for Insane Soldiers at Cobourg, Ontario. As a report of definite work done of a practical nature, no paper read at the meeting of the Canadian Medical Association exceeded this one in value.

Dr. Young said that the war was of special importance from a psychiatric standpoint; but not in the production of novel symptoms or syndromes. In the army these are the same as seen in civilian institutions. We have been accumulating an overwhelming mass of clinical material under peculiarly favourable circumstances for observation; the effect of which will be to stimulate interest in psychical disorders. A military psychiatrist has many advantages. In civil life a psychopath can live in harmony with his environment if accustomed to it, and remains in it until after his psychosis has made considerable advance. Some go through life without seeing a psychiatrist or an asylum for insane, although they may be suffering from dementia praecox or other form of insanity. Then, when slight symptoms of illness occur, the relatives and family physician feel that there is some stigma, they meet the condition fairly in the face. They put off the inevitable as far as possible. In the Army it is the opposite of this. There is an unusual demand placed upon the adaptability of the soldiers; so any unsuspecting weaknesses are soon brought to light in that new environment. Officers and non-commissioned officers quickly notice these weaknesses and have a peculiar method of dealing with them, in a way that does not apply to any other organization. The officers try to correct these weaknesses by turning the limelight upon them. If anyone has taken training at Shorncliffe who has any peculiarity or weakness, he will be able to appreciate what I say in this regard. You will still remember what the sergeant-major said about the stomach, etc. That method is quite correct and works well with regard to the normal individual. But the psychopath cannot stand it at all. It drives him to avoid the company of other people and brings him into constant conflict with military law; and the unit medical officer realizes the dangers of a psychical infection to men in his unit spreading to other cases. He regards the man as insane and makes an effort to quickly get rid of him. He gets him under observation as soon as possible. When the presence of a psychosis is recognized in civilian life, there is a good deal of medico-legal form to be gone through with, stigmatizing to the individual. In the army the procedure for admission to the hospital is as easy for mental cases as for one with pul-

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monary or cardiac lesion. This military system operates to get the patient under treatment when treatment is most likely to be effective.

The Cobourg Military Hospital for psychopathic cases for the C.A.M.C. is the only one of the sort in Canada.

It has 425 beds. It receives most of its cases from other military hospitals. Overseas the cases are taken over by the medical officers and skilled N.C.O.'s. detailed from the hospital. We take charge of these cases right at embarkation.

They are assigned to a suitable ward. All documents are completed in the train before the patient arrives. Admission is completed expeditiously and without formality.

All patients are put to bed and remain there until seen by the doctor, who prescribes treatment. No patient exhibiting manifestation of insanity at all conspicuously is allowed to go about. The symptoms soon abate. This is good for the patient himself and for the other patients.

The therapeutic facilities it is not necessary to describe—pretty much the same as in other military hospitals. There are no bars, no padded rooms; no sound-proof rooms, no straight jackets. We have the full equipment for ordinary medical, surgical and special-sense services, as well as laboratory facilities. We have also the necessary dentists and facilities for hydrotherapeutic, electrical treatment, X-ray work and medical gymnastics. We are able to make it resemble a general hospital: that organization is kept in view. We have several medical officers on the staff to give daily medical attention to each patient. All wards are in charge of nursing sisters, day and night. There is an absence of violence and unseemly conduct. It surprises the new patient to find that he is being cared for by a woman. When you consider that the average medical officer in a hospital for the insane has anywhere from 400 to 600 patients to attend to, you can imagine the difference where there are seven medical officers to a population of 236 patients (at the present time). Occupation courses are given under the care of the employees of the Soldiers' Civil Re-establishment Department. There are three grades: bedside, ward work, and employment in the workshops. Efforts are being made to have the patients progress from the lower to the higher grades. The same personnel furnishes the amusement. This work is of great value in keeping the patients from becoming melancholy. It is therapeutic in its nature. The amount is prescribed by the medical officer and the effects are recorded.

Instead of having to consider the effect of the industries on the cost of maintenance, as is done in ordinary hospitals for the insane, no difference is made in respect to those military cases. They are accorded the same privileges as other classes in regard to special consultants, *e.g.*, to cope with dental conditions, two officers from the Canadian Army Dental

Corps. Most of them are in attendance, and are kept busy. Asylums have no dentists on their staff, though some of them have 1,200 patients. There is no doubt about the importance of mouth infections. Infections of every kind enter into the causation of the psychoses. The advanced case of dementia precox is supplied with an artificial limb, just as the limbless soldier is, who has no psychosis. The effects of this treatment are reflected in the results obtained.

The general public takes a great interest in our work. These patients share with the other soldiers the interest of the public. Members of the Red Cross societies and of the Soldiers' Civil Re-establishment and other local organizations have contributed generously of their time and means for the welfare and contentment of the patients. Free mingling with the public is encouraged; it prevents institutionalism; it dispels all feeling of separation from the outside world. Those in charge of the many civil institutions complain that they cannot adopt this policy owing to the comparative inaccessibility of the hospitals and the apathy of the general public.

No patient is discharged until the opinion of the medical staff is secured—the standing medical board. Is he fit to go back to civil life, or under the care of the Soldiers' Civil Re-establishment, or shall he be admitted to a hospital for insane? It is through the co-operation of the S.C.R. that the C.A.M.C. have still supervision from the time they leave the borderland throughout the entire course of their disease. Eight hundred cases have appeared before the board: 400 have been sent back to civil life.

No serious accident has marred our history under non-restraint. We have carried out further than ever before the care of these patients as though in a general hospital with a general hospital organization. Twelve hundred cases have been admitted and cared for: no suicide, no homicide, or other serious happening. Our work has been carried on with no inconvenience to our neighbours. In Canada we have to-day an acute psychiatric problem. In the larger general hospitals there should be a psychiatric department. A more intimate association with the other branches of medicine is necessary for the elucidation of its problems. If the C.A.M.C. can satisfactorily take care of mental cases, there is no reason to suppose that there is any insurmountable object in carrying on such a work in connection with any large general hospital. Only in this way can the civilian insane obtain the same advantages in regard to humane and rational treatment as the military cases receive.

After thirteen years in this work, I must say that I have never been in an institution where there were as good facilities for treating these classes of cases as had been provided by the C.A.M.C. for these insane soldiers.

Twenty-three Serial Tests of Intelligence and Their Intercorrelations, by L. M. Terman and Mary B. Camberlain. This is an account of work done with reference to a revised intelligence scale for individual examination. It contains much detail that is not suitable for summary, but should be studied by those concerned with individual mental examinations. The tests embody not many novel features, but the publication of the large number of individual test items is of considerable value, and especially suggestive for the formal examination of mental cases. A table is given showing the correlation of each of the tests with one another and with the Stanford-Binet mental age. An idea of the sorts of tests may be given by the following enumeration of the names assigned them: picture naming; oral reading, origins, time orientation, direction orientation, special concepts, sentence memory, digits reversed, mental arithmetic, similarities, differences, opposites, absurd pictures, absurd statements, picture interpretation, resourcefulness (judgment), finding reasons, ball and field, finding shortest road. Differences, absurd statements, and finding reasons show the highest correlations, 90, with "mental age".

Journal Appl. Psychol., 1918, 2, 341-354.

A Standardization of Certain Opposites Tests, by Harry A. Greene. A list is given of eighty stimulus words, standardized according to responses from 700-900 subjects. Point values ranging from .5 to 2.0 are assigned to the individual words. The sum of possible credits for the complete list of 100. Quotation is also made of the responses to which full credit is allowed, and those earning half credit.

Journ. Educ. Psychol., 1918, 9, 559-566.

The Vocabulary Test as a Measure of Intelligence, by L. M. Terman. Terman adduces statistical data in rebuttal of various criticisms of the vocabulary test that was introduced as a part of the Stanford scale. It results that correlation of .91 appears between vocabulary and mental age in a group of 631 school children. Probable error of mental age calculated from vocabulary alone is 9.6 months in the case of school children, and about 12 months in the case of various groups of adults. Children from foreign language homes are at considerable disadvantage in this test for the earliest years of school life, but this difference is unimportant after the mental age of twelve years. Median vocabulary is about the same for boys and girls, and the curve of medians for successive mental ages is almost a straight line. Five different tests with 65 students correlated with an average of .77. The correlation of the average score in the five tests with the average of university class work was .28. Errors in scoring are negligible with adequately trained examiners.

Journ. Educ. Psychol., 1918, 7, 452-466.

Some Data on the Binet Test of Naming Words, by L. M. Terman. This test concerns the number of words named in a given period, the usual period being three minutes. In this form, 480 school children showed a correlation of .535 with mental age. The average probable error between mental ages of 8 and 11 years, is one year, *i.e.*, the test deviates by so much from the scale as a whole. Corresponding probable error in the vocabulary test is $9\frac{1}{2}$ months. A one-minute interval seems to constitute as good a measure as three minutes. Correlation with mental age, and probable error, are approximately the same as with three minutes. It is suggested that the time be shortened to one minute, 28 words being required for a pass at year X. There is a certain tendency for bright children to maintain the initial speed of giving words better than dull ones. For 360 children, the correlation between vocabulary and number of words named was .487. It is suggested that the test be made with eyes closed, owing to tendency to name objects in the room, which of course differ according to circumstance. In children at school for three or four years, the test is not seriously vitiated by foreign language in the home.

Journ. Educ. Psychol., 1919, 10, 29-35.

NOTES AND NEWS

NEW YORK STATE.—NEED STATE-WIDE SYSTEM OF MENTAL HEALTH CLINICS

STATE Departments Should Co-operate to Make Diagnosis and Treatment Facilities Available in all Localities. Among the proposals made by the State Commission for Mental Defectives in its report submitted to the Governor and the 1919 Legislature was one for a series of State-wide joint clinics for the out-patient diagnosis and treatment of mental diseases and defects.

In accordance with this proposal, plans are now being made for the establishment and operation of such clinics in various parts of the State. Dr. Pearce Bailey, Chairman, and Dr. William C. Sandy, Psychiatrist of the Commission, are actively interested in the project. It is hoped that one or more of the joint clinics will be started within a month.

Clinics of this sort have been made use of by the State Hospital Commission for a number of years and there are now about thirty such clinics in connection with the State hospitals. It is obvious, however, that other State Departments and agencies need the services of such clinics, and the conclusion is practically unanimous after conference among the State Departments concerned, that they can effectively co-operate in providing such clinics jointly in various communities throughout the State. These would afford facilities for expert diagnosis, for advice as to treatment, and, in many instances, for treatment itself. Such a system of clinics would coordinate well with the proposed "health centres" which the State Department of Health is to establish throughout the State.

THE PLAN OUTLINED.

In an article written for "Health News", the official publication of the State Department of Health, Dr. Walter B. James, former Chairman of the State Commission for Mental Defectives, outlined the proposal for joint clinics as follows:

"The importance of mental health as well as its relation to bodily health is daily becoming more and more widely recognized", he writes.

"There is a universally admitted need throughout the State for an extension of the opportunity for having mental examinations made of persons whose mental soundness is suspected. This need is felt by at least seven important State Agencies—The State Hospital Commission, the State Commission for Mental Defectives, the Department of Health,

the Department of Education, the State Commission of Prisons, the Probation Commission and the State Board of Charities with its numerous affiliated associations.

"In addition to the State Agencies, there are closely affiliated private organizations which also have a very direct interest in the establishment of such clinics, especially the State Charities Aid Association, which has already done a great deal of most valuable clinical work along this line and which has stimulated the establishment of Mental Clinics by the State Hospital Commission.

THIRTY CLINICS NOW EXIST.

"The State Hospital Commission already has between twenty and thirty clinics, many of which are doing successful work, but these are not extensively or generally used by the other agencies above mentioned and it seems unlikely that they would be so used unless the remaining State Department could have some part in and some responsibility for them.

"The present plan for State Mental Clinics, therefore, proposes a board of joint control, to consist of one of the leading officers of each of the above mentioned seven agencies. This board has already been formed at a meeting at which all of the organizations were represented. It is proposed that it encourage the creation of clinics throughout the State wherever they may be found to be needed. It is intended that for the most part the clinics shall be maintained by local agencies already existing, such as hospitals, dispensaries, county boards of child welfare and others.

EXTEND HEALTH CENTRE IDEA.

"Thus it is clear that this plan is merely an extension of the health centre scheme which is being developed by the Department of Health. This Department had already considered having a room for mental hygiene in connection with the various health centres and it is possible indeed, that it may seem wiser to drop the name "mental clinic" in each case to merely call the agency a "health centre" and to gradually develop in each such centre all of the activities that could be made of value to the inhabitants of the district. It is not intended, and this should be clearly understood, to establish departments of medicine, and surgery, or to furnish a substitute for the medical and surgical advice that is already adequately provided throughout the State by practitioners of medicine, but rather to cover ground, which at present is not covered, especially in the abnormalities of the mind.

WOULD PREVENT DUPLICATION.

"Special services will be furnished from the staffs of the State Hospitals for the Insane from the State Commission for Mental Defectives, the Board of Education and the State Board of Charities and its institutions, and the Department of Health. It is believed that in this way a maximum of service to the people of the State can be had at a minimum of cost through the utilization of agencies already existing. It is the intention of the Board of Control to begin with the creation of such clinics in five or six selected towns, where immediate co-operation and interest can be had, and it is hoped and believed that from this beginning a State-wide system can be gradually developed.

"It has been thought best that at the outset the Board of Control of Mental Clinics, or, as it may be called in the future, of "Health Centres", should be informally created and not by act of legislature. Later, it may seem best to make it a matter of legislative enactment.

"The idea of such a clinic is not a new one, as it already exists in an admirable form at Waverley, Massachusetts, where it is conducted by Dr. Fernald, head of the institution for the feeble-minded. The present plan proposes to make the invaluable services of such a clinic as Waverley available to as many as possible of the citizens of the State.

"Such a clinic would naturally operate somewhat as follows: There would be a fixed day when patients could be brought for preliminary study, when the various mental tests would be made, the history taken, perhaps a physical examination and when an inquiry into the environment of the patient could be started. On a subsequent date, a few days later, the patient would be again brought to the clinic, when the State Hospital psychiatrist, especially chosen and fitted for such work, and who would be at the head of the mental division of the centre, having all of the above data prepared and recorded, would make a diagnosis, arrive at a conclusion and put the patient upon rational treatment and give the wisest counsel.

EXPERTS' SERVICES AVAILABLE.

"It is believed that such a system would provide as widely as possible for the citizens of the State the benefits of the best modern knowledge of mental disorders which are not available to-day. The experience of the New American Army in relation to psychiatry and the valuable facts and principles that have been accumulated through the labours of the psychiatric division of the Army, have made it even more evident than it was previously, that great benefits can be made to accrue through the early detection and the skilful management of the mental disorders and abnormalities and maladjustments that are so common throughout the community.

"The plan, as outlined, contemplates co-operation between a number of distinct and independent State mechanisms and the utilization in common of the resources of these for the accomplishment of a common aim. This is a principle which may be somewhat new in Governmental relations, but it has so much to commend it that it seems more than worth while to attempt a successful accomplishment."

S.C.A.A. News, August, 1919.

THE SOCIAL VALUE OF A MAN

OUR pedagogy has hitherto not understood the true standard of human value. The social value of a man is composed of two groups of factors; mental and bodily hereditary dispositions, and faculties acquired by education and instruction. Without sufficient hereditary dispositions, all efforts expended in learning a certain subject will generally fail more or less. Without instruction and without exercise, the best hereditary dispositions will become atrophied, or will give indifferent results. But hereditary dispositions not only influence the different domains of knowledge, as the traditional pedagogues of our public schools seem to admit, they also act on all the domains of human life, especially on the mind. Good dispositions in the domains of will, sentiment, judgment, imagination, perseverance, duty, accuracy, self-control, the faculty of thinking logically and distinguishing the true from the false, the faculty of combining aesthetic thoughts and sensations, all constitute human values which are much superior to the faculty of rapid assimilation or receptivity, and a good memory for words and phrases.

In spite of the great importance of rational pedagogy, we must not forget that it is incapable of replacing selection. It serves for the immediate object, which is to utilize in the best possible way human material as it exists at present; but by itself it cannot in any way improve the quality of the future germ. It can, however, by instructing youth on the social value of selection, prepare it to put the latter in action.

From The Sexual Question, by A. Forel.

STATE WILL WORK TO AID ITS WARDS

OHIO TO STUDY CASE OF EACH BOY AND GIRL IN HANDS OF JUVENILE COURTS.

When the bureau of juvenile research has been established in Ohio, under direction of the State board of administration, the State will have work under way that will be without a counterpart in this country and will compare with the best France and Germany have accomplished after centuries of scientific labour.

The law does not become effective until next July, but members of the Board have completed tentative plans for organization, and will have their machinery ready for operation early.

This bureau becomes, through the provisions of the law, the agency of the State to which will come all juveniles who may fall into the hands of the probate and juvenile courts of the state. While there are some effective and successful juvenile courts operating in Ohio, there are many counties where the work is handled as a part of other courts, oftentimes by men with no training and little sympathy for the work that comes before them.

It has been evident from the inception of the juvenile laws that many cases were handled to the detriment of the child and the state.

EXAMINE EACH CASE.—Under the new law, when the courts find a juvenile who needs a correcting influence, the youngster will be committed to the care and custody of the board of administration. In that way he goes to the juvenile research bureau.

While the child is detained at that place for observation and for the scientific tests to determine if he is normal or defective, an examiner will visit his home, make careful investigation of the causes that apparently operated to the detriment of the child, and file all information with the bureau. Antecedent conditions and surrounding influences will be made plain.

Then the child will be subjected to the Binet-Simon scientific test to determine if he is normal and, if defective, to fix certainly the degree of defectiveness or retardation in development.

With the record completed there then will be a medical test to determine if there be any defect of his eyes, ears, nose or throat, or other ailment that would operate to the disadvantage of the child. Curable troubles will be treated and then, the survey of the child having been completed, the board will know exactly to what institution he should go for further care.

It is the intention of the board to place normal children in private homes wherever possible. Only delinquents may be so placed. Defectives will remain in the care and custody of the state. By placing in good home environment the child whose ill surroundings have made it a delinquent, and giving it a chance to work its way out and by retaining permanently the possession of the defectives and the defective delinquents, the state ultimately will solve largely the problem of the unfit.

If defectives are taken in youth and placed in a state institution and retained there, ultimately there will be no adult defectives at large and the great problem will have seen solution.

TEST PROVES ACCURATE.—The Binet-Simon test for mentality is a scientific examination now so many times proved good that it is accepted.

It is a comparatively recent acquisition in the field of child study but it is known throughout the civilized world. It has been used in the feeble-minded hospitals here for several years. Through it the exact mental development of the child may be fixed definitely. The child may be 16 with a mentality of 10. The determination of this fact makes easy and plain the method of handling and the classification.

It has been shown that a large percentage of juvenile delinquents are defective to a degree. The determination of this fact and the degree of defectiveness are requisites for their proper handling by the courts or the state. Since the institution of the Delaware home for girls and the Lancaster home for boys, the law has operated to send all delinquents, defective delinquents and defectives to the same place, to be placed together where the worst phases of the defectives are developed and the best of the delinquents frequently made worse.

By having the research bureau complete its work and make its classification, the board may determine which of the children are mentally sound and merely victims of bad environment. In such case the board members say they will have no trouble in obtaining for that child a proper and comfortable home in a private family.

The state for years has not been able to supply enough boys and girls to people who ask for them and it has an acceptable waiting list of good people all the time. If the child goes to a home it still is in the custody of the state to be returned for any serious infraction of regulations but eligible for permanent liberty if good behaviour is continued.

Children not equipped to put out in the world for any cause will be committed to some state institution, the home at Lancaster, or Delaware, or hospitals maintained by the state. With this betterment of conditions for children committed to the care of the board will come a survey and classification of the inmates of the Delaware and Lancaster homes.

That will be followed by segregation of the classes, and the mixture of the classes as practised now, will not be continued. In that way conditions will not be made worse for the less unfortunate.

The key to the whole movement that contemplates so much of betterment for the unfortunate, is the accurate scientific record that is to be made in each case. With the operation of the bureau for a few years there will accumulate such a mass of scientific data relative to each case and to the various classes that the board then may ask for further improvements in the handling of wards of the state.

Board members often have stated that one unsatisfactory feature of their work was the almost entire lack of public interest. The board hopes to make public developments as the work goes ahead and hopes

to obtain improvement in public interest so other reforms may not be delayed when sought.

Certain definite propositions are accepted as the base for the child improvement work that is being mapped out. One is that there is nothing that can be done for the improvement of a defective delinquent. Society, to protect the unfortunate and itself, must segregate the victim of misfortune and restrain him for the span of his natural life. Every effort and observation made by scientists proves the utter helplessness of the defective delinquent.

Often his existence may be made free from harm and under inspection, even useful in certain occupations, but freedom and the privilege of open communication with the public must be denied. The state will have the duty of making his existence useful and pleasant, and segregation as complete as is humanly possible.

Carried out to its fullest possibility, that would mean the permanent segregation of defectives, a dream long cherished by those who study social problems from the scientific view-point.

The operation of the juvenile research bureau is intended to be far reaching. Its success and results depend largely on the ability and genius of the scientist placed in charge. There are few in the country fitted for the work.

The great expert in that line is Dr. Goddard of Vineland, N.J. To him board members will go later in the year for a consultation. They hope to lay before him their general plans for the work to be started in Ohio and they are hopeful he may be able to recommend some one to be put in charge to organize and operate the bureau.

Once started, it is the belief that the work will be so large that a staff will have to be organized, and from that staff there will be developed material for the use of the state as the work grows. The outlook is that some one from an eastern city, where the work has been put under way, who has had experience will be selected, but no one at the present is in sight.

With this work will come that of handling those adults sent to prison under the indeterminate laws. Their cases will need investigation, for the person of the offender is in the custody of the state until fitness for a relation with society has been surveyed and determined. This puts in the hands of the board the problem of handling the adult delinquent.

By declining to release defectives that come to prison and by refusing freedom to those whose records show they do not appreciate it, the state may take a long trip toward improving society's safety and welfare.

The board is conscious of the magnitude of the task that is before it. The plan has been laid out, the development will be continued and the

operation started on time. It is the belief of the board that public sentiment will favour the plan, once it is understood.

Dr. Shepherd, alienist of the board, is enthusiastic over the work outlined and thinks it one of the most important constructive movements in which the state has engaged. It is a movement for the protection by the state of the unfit and the fullest protection of society from contaminating influences.

He says defectives that come to the board are the end product of bad conditions. These conditions may have existed for generations. In that case the greater the degree of defectiveness found, the human product at the end of that term is so much the worse.

The end product is the millstone that hangs about the necks of tax-payers, costing Ohio millions of dollars each year. If the new way of handling the end product proves more humane, protects the state and society, and relieves the burden of the tax-payers, he thinks it will have shown its worth from every standpoint.

EMPLOYMENT MANAGEMENT COURSE.

The Social Service Department of the University of Toronto announces a Course in Employment Management for September, 1919. For the benefit of our readers, we are printing the following details of the new course:

The course will last from three to four weeks. Instruction will be given daily, one hour being devoted to each of the three main divisions into which the course falls. These are—

1. Personnel Management. Principles and Practice; including methods of securing, selecting, promoting and transferring employees, trade tests and rating scales, job analysis and personnel specifications, organization and work of a personnel office, labour turnover and its reduction, etc.

2. Industrial Psychology. The application to business of modern psychology, ways of learning and of teaching business processes, intelligence tests and their application to industry, influences making for harmony or disharmony, co-operation or antagonism within industry, etc.

3. Economic Principles and Methods involved in 1 and 2. Causes which have brought about the present economic situation, wage determination (various plans), labour problems and proposed solutions, labour organizations, labour laws, etc.

The course will be given both afternoons and evenings if the enrolment is sufficient. Both principles and practice will receive detailed discussion throughout, and opportunity will be provided for the application of the knowledge acquired.

Dr. Harvey Clare, formerly Superintendent of the Toronto Reception Hospital, Assistant Superintendent of the Queen Street Hospital for the

Insane, has been appointed Medical Director of the Ontario Hospitals. The office is a new one and is taken as a forward step in institutional management. Dr. Clare is to have general supervision of the medical work in connection with the Ontario Hospitals and will furnish the Minister with reports of the movement, discharge, transfer, etc., of patients, also reporting on the equipment, accommodation and furnishings of these institutions.

Tenders for the construction of five additional buildings at the new Ontario Military Psychiatric Hospital, south of London, are being called for as a result of a visit made yesterday by Chief Architect Wright of the Department of Public Works, Ottawa. The buildings will cost \$150,000. Two will be for recreation purposes, one for an isolation ward, one for tuberculosis patients, and one for the Vocational Re-education Branch.

NEW RECEPTION HOSPITAL FOR TORONTO.—Preparation of plans and specifications for a new city Reception Hospital have been ordered by the Board of Control, Toronto. What the hospital will cost or where situated is as yet unknown.

W. W. Dunlop, Inspector of Prisons and Asylums, stated that he is recommending that a hospital to accommodate 60 patients be erected with a staff of twenty-five members. The cost is estimated at \$1,400 a bed, which would roughly mean a total cost of \$84,000. Whether the city will stand the entire cost of the institution is another question.

"According to the statutes," said Inspector Dunlop, "each city of over 100,000 should have a reception hospital built at its own cost, but afterwards maintained by the Province".

This move on the part of the Board of Control to relieve the present situation in regard to the care of mental cases follows immediately on the closing of the Ontario Hospital, Queen Street West, better known as "999 Queen West". For the past two weeks, patients from the Queen Street hospital have been gradually transferred from that institution to the Provincial new hospital at Whitby which has been recently vacated by the military and again taken over by the Ontario Department of Prisons and Asylums. Up to the present there are about 200 patients in Whitby and about 15 every week being transferred from Queen Street. The transportation from the city to Whitby is chiefly carried on by means of automobile, but as the work increases some of the cases will be taken on the train and the work of the automobile continued.

The old building will be vacated as soon as ever the 1,000 patients, now in Queen street, can be transferred to Whitby. This should take probably two or three months.

The closing of Queen Street Hospital sees the passing of another Toronto landmark. The building was erected in 1849, according to the plans used in Bethlehem Asylum, London, England, famously known as "Old Bedlam". The first directors of the institution were Dr. Widmer, Mr. Ewart, J. C. Chewett, Sheriff Jarvis and Dr. King. Patients were first admitted in 1851 and it is estimated that a total number of at least 20,000 cases were handled during its sixty-nine years' service. The first superintendent was Dr. Jos. Workman, appointed in 1853, followed by Dr. Gowan, who was brought out from Edinburgh University in 1875, and remained only a short time. Dr. Daniel Clarke was later appointed in 1876, followed by Dr. C. K. Clark, 1905, who was finally succeeded by the present superintendent in 1911, Dr. J. M. Forester.

The building was purchased six years ago, together with the old Central Prison, by the Grand Trunk Railway, and an estimated value is put at between \$400,000 and \$500,000. The Provincial authorities still hold lease for its continued occupation.

Inspector Dunlop, in discussing the closing of the Queen Street institution emphasized the necessity for a local reception hospital, pointing out that at present there is an urgent need for some place to handle acute mental cases in the city. The Whitby Institution is considered by Mr. Dunlop to be one of the finest of its kind in America.

LETTER TO INSPECTORS, PRINCIPALS, AND TEACHERS

Dear Sir or Madam,

Your personal interest in the individual welfare of your pupils, as shown by your letter of enquiry, on the above subject is much appreciated by the Minister of Education. The Minister has directed that a general reply should be prepared for your use in such cases, and I am instructed to ask that you will kindly communicate with me further if there is any point which you wish to discuss more at length. I shall always be glad to hear from you.

A few suggestions may be made by way of guidance and assistance to the teachers of the regular classes who may have one or more very backward children in their classes, and further information may be found in the publications of the Department, such as the Annual Reports on Auxiliary Classes and the Auxiliary Classes Handbook (Educational Pamphlet No. 7), a new edition of which is now being prepared.

Your very backward (mentally-defective?) pupil has the same right to education that your other pupils have. It may be that he can learn with difficulty what the other children learn easily. It may be that he cannot learn some things that the other children can and do learn.

Two points must be borne in mind:

First—That he can learn something, and we must find out what that something is.

Second—That every pupil has a right to his fair share of the teacher's personal attention, interest and skill.

It is not fair to the other pupils to continue to give a disproportionate share to a very backward pupil. If we can, in a short time, advance that pupil so much that he can work with the rest, well and good. If a child, after a fair trial, cannot learn to write, but only makes meaningless marks, do not waste your time "teaching him" writing. Do not try to make a rope of sand. If you have forty pupils, you must not give ten per cent. of your time to one pupil, except, as has already been said, as a temporary measure and for good reasons.

Before following out the subject further, two requests may be made. First—Do please keep a School Diary, or what the Doctor calls a Case Book, or what your grandfather called a Commonplace Book. Take at least one page for each child. Of course, you should keep it under lock and key, but then a teacher needs at least one lock and key. The interest of such a book soon becomes fascinating. To put down a brief estimate of your pupils,—their good points, characters, endowments—the mistakes you make about them and when and how these were corrected—the prejudices you had and who or what gave you these prejudices—the first sign of real intellectual awakening—it is worth while. It is such a help and stimulus to yourself, and frees you from the deadly enemy routine, which has ruined more teachers and pupils than we can count. In teaching a backward pupil such a Case Book is invaluable.

The second request is—Do, please, ask yourself the question: "Why is this pupil backward?" and find the answer. Remember that very few pupils are mentally defective. You are Counsel for the Accused. If you can possibly prove that your pupil is not mentally defective, that is the best day's work you have ever done. It is a crime to whisper that any child is mentally defective who may be only backward. Keep silence. A physician, and an experienced and able one at that, is alone competent to make the diagnosis of mental defect. A community diagnosis is a different thing. Where normal people have had one or two generations to think things over they seldom fail to make a correct diagnosis of mental defect, if it is really present. This has been done for centuries. The Scotch expression, "Wanting a penny in the pound" or the brief verdict, "Not all there", are significant of this. When the second or third generation appears in the school-room from such a family, well-known in all the countryside, the diagnosis is already made. Our duty then is to find out what the powers and capacities of our new pupil are,

and to seek diligently until we find them. But when, in a new class, we find a very backward pupil, or when a new pupil, much over age, is brought to our class, the only question for us is "Why?" What is the cause and meaning of this backwardness?

The cause of backwardness may be physical, mental, moral, social. It may be in the Body, the Mind, the Nature, the Nurture, the Parents, the Home, the School, Society, the State—"For there, too, lurks the enemy". Beware of giving up the quest before you begin. There must be some reason. And if you, with your professional skill and experience, cannot answer "Why?" it is probable that the Doctor can help you, and always the School Nurse is a very great ally.

Do not allow the attitude of the parents to influence you too much. They may say, "Oh, the Doctor cannot do anything". On the contrary, the doctor can nearly always do something, especially the family doctor. Backwardness from bodily causes is very common. Among the commonest of such causes and some remedies are:

Defective sight—Glasses prescribed by an oculist. (Give front seat in class-room).

Defective hearing—Teach lip-reading. (Give front seat in class-room).

Defective breathing—Examination of nose and throat by doctor who will advise remedy.

Defective teeth—Teach how to keep teeth clean. Attention by dentist.

Defective immunity—Strengthen the child's "constitution".

Defective nutrition—Good food, fresh air, exercise, sleep.

These causes are extremely common. Do you realize that you are responsible for finding them out and doing all in your power to get them remedied? Any one of them may cause your pupil to lose his education or his health, or both, or may make him very backward. If there is no School Medical Officer and no School Nurse, and the parents have not found out that there is anything wrong, then you are the child's only hope for proper attention and a fair chance. Put down your observations and your efforts in your School Diary. If your child is pale, listless and easily fatigued, he may be going to bed too late at night, or up too early in the morning, thus losing sleep. Children must have plenty of sleep. They should not be wage-earners, working either before or after school, if it interferes with this. Do you know which of your pupils are wage-earners? Put it in your School Diary and do not forget it.

Look at your children from a new point of view as often as you can. You seldom talk to anyone—pupil, mother, father, brother, sister, nurse, doctor, fellow-teacher—about your pupil, without learning something you did not know before. Have you the confidence of your pupils? They

know a great many things about this backward pupil that you do not know, and if they are sure you will use this information with proper regard for his views and theirs about respecting that confidence, they will tell you some of these things that they know and you do not.

It may not be loss of sleep. Somebody should know about home conditions. Why not you? You are interested, are you not? The clergyman visits the home. The doctor visits the home. You belong to as important a profession as either. If you cannot visit all the homes, visit the homes where your backward pupils live, but do not sound a trumpet before you to tell why. Ontario is rich enough, and will soon be wise enough, to see that—if getting up at 5.00 a.m. to deliver papers, or sitting up till 11.00 p.m. to deliver groceries, or not having enough to eat, or smoking in boyhood, or living in a one-roomed house (some children do), is spoiling her future citizens—she should change all that and she will. The teacher has a strategic position as a “social worker”, and should direct and co-operate in social work.

It may be some disease. You think the pupil is inattentive and lazy. Perhaps you do not know all the facts. There is such a thing as laziness. But it has happened before now that a child who seemed lazy was really sick. There is no use denying it. The doctor has a stethoscope to examine the heart and knows a leaky valve when he hears it. The doctor knows the signs of tuberculosis and rheumatism and many another enemy of childhood, whose invasion is so insidious that those who see the child every day fail to realize that anything is wrong.

Or the problem may be a very simple one. Mary is away now with the whooping-cough and you think you remember she was absent last spring, and look up her page in your School Diary—yes, she was away five weeks with measles, and when she came into your class in January she had been away for a couple of months with scarlet fever, so your diary says. Is it any wonder that Mary is backward? Here is one of the pupils who deserves “intensive cultivation” in the school-room, if she is strong enough; or, perhaps, special consideration, shorter hours and more sunlight, better food, with an occasional special lesson.

The real reason of the child's backwardness may be very obscure. There is such a thing as school incompatibility. It may be some old, unhappy, far-off feud with some teacher you never saw, but you are the innocent victim of the child's outraged sense of justice—until he finds that you are not unjust. Have patience. It may be that that family have moved seven times in the seven years of the child's school life, and he has given up the struggle to adjust himself to seven different schools and seven different school populations with varied methods of school governments. Teachers are hard for a child to understand anyway, but who could understand and adjust himself to so many teachers in one

short school lifetime? So the pupil's mental action does not flourish any more than a plant would flourish if it were as frequently uprooted. Try special attention, personal interest and "intensive cultivation" before the family flit again. If you are really interested in the child, he can hardly help being interested in himself and in his work. It may be only "cranking" that he needs—"three extra notches of gasoline", as it were. Try him "on the battery". It is not every child who has a "self-starter". Before you know it, you are fond of the child, then you will get on, and so will he.

This brings us in sight of the psychology of childhood. This new and fascinating subject is only beginning to be guessed at. The mind of a child is sometimes engaged in a life and death struggle with some complete misapprehension which terrorizes him. He has "got in wrong" and he cannot recover himself. His initiative has been blighted by sarcasm or by the slings and arrows of outrageous fortune; it is cut down and withered. He is not going to attempt anything. He fears his fate too much. He does not know how much you can do for him, so he wraps his talent in a napkin and buries it in the earth, and that was a pity, for he had only one talent. So he gets more and more behind. From him that hath not shall be taken away even that which he hath. Again, you are his only chance. Do you know anything about this boy at all? No. Well then, somebody does, and unless you intend to let him go under and drown, you must find out from some one else what life-line he can cling to. Is he fond of pets? Make a survey of his possibilities and do, for God's sake, give him a chance.

Sometimes the home conditions are very bad. It is hard for the school to do much for the product of a bad home. So there is a law on the Statute Books of Ontario, a law which has often helped both the child and the school, providing for proper care for neglected children. You might need to invoke the law.

Some children are quite slow of comprehension and dull of mind. That is not their fault. They usually come by it honestly. They are apt to be rather backward, but we should not set too high a school standard for them. In character-training, they are often at the head of the class, and who would hesitate between achievement in character and achievement in academic subjects? History, literature, composition and "citizenship" often show their solid worth and real thoughtfulness. Give them a helping hand with other subjects and don't keep them too long at things they can do without.

So much for the backward child—the greatest unrealized asset of the nation. The Victory Bond Committees mined a great deal of gold in Canada. It was valuable, but its value is as nothing in comparison with the riches hidden away and lost in wasted lives—citizens who from

childhood to old age are simply "duds" because no one ever sets free their powers. The great War showed us the amazing riches of heroism, resourcefulness, power, initiative, perseverance, unselfishness—in one word, character—in the poorest of us. The Great Peace will show us how to set about realizing these in establishing a new world where Education shall not be a name and Democracy a delusion.

"In re-construction, education is the only thing that really matters."
Teacher—Save that Backward Child.

But in some cases the child is not backward. He is mentally defective. That is, the cause of his backwardness is irremovable. Of course he may have some of the removable defects too, which we must remove if possible. (See above). The teacher is not responsible for this mental defect, nor for diagnosing it, nor for its consequences. Neither Socrates nor Arnold of Rugby could educate the mind of a child who has little or no mind to educate. Do not try to teach the child what he cannot learn. Teach him what he can learn. What the teacher has to do is to develop the powers of the child. We must first find out what these powers are.

Nature has put the defective child in a class by himself, and we should follow her example. But where there is no class for the defective child by himself or with other defective children, should he be excluded from the regular class? Not unless his presence there seriously interferes with the progress of the class and the work of the teacher. The rights of the majority and the normal child must not be interfered with. It is usually a mistake to attempt to keep a child in school whose mental age is below the legal (permissive) school age, or one whose chronological age is so far in advance of the average age of the class as to render his presence undesirable. It is not uncommon to find in the Primary or First-Book Class a defective child of eleven or twelve years. This is not suitable.

Of course, in any case, the Principal, the parents, the family physician, and if possible, the School Doctor and School Nurse should be consulted privately by the teacher, and every respect and consideration should be shown both to the child and the parents. Any action of the school authorities, such as requesting that the child should not come to school, should usually be fortified by a medical opinion.

Where the defect, however, is not so pronounced, an effort should certainly be made by the school authorities to give the child some education. It is often well to give him a seat in a part of the room by himself and to give him at the same time the privilege of doing some simple duty, usually entrusted to one of the best pupils. If his desk and seat can be in some way favourably placed or distinguished or specially equipped, it will help to make his school life happier and more successful.

But do not shut your eyes. Teachers often "get used to" a child's defects and forget them. Remember the age of the child in any estimate you make of his powers. Show the child great kindness and respect and see that your pupils do the same. It is "part of your job" to carry him along. Make the pupils feel that it is "part of their job" too.

Always—Always—Always—encourage the mentally defective. Never—Never—Never—under any circumstances say or do anything to discourage them. They have not the normal power of self-dependence and self-encouragement. Let them have some special possessions, and teach them to take care of these. Such lessons will be of real value.

It will repay you richly to teach your pupil good personal habits and hygiene. Everything we can teach him which enables him to keep himself and his clothes clean and neat is of great advantage. Be prepared to spend much time and attention on this.

Analyze the simplest thing you teach him into tiny steps—so small that the ordinary pupil would take half-a-dozen such steps in one mental movement. Realize that one such tiny step is a great achievement for the mental defective, and then drill and drill and change and repeat until this step becomes automatic. Aim at industrial training and industrial habits. But we must always be clear that our pupils can really profit by what we teach.

Mental defectives are much more easily "bored" than the normal children. Mental effort fatigues them quickly. A big boy of seventeen years chronological age and mental age seven years may be more fatigued by five minutes' book learning than by five hours' hard work. Give them very short lessons.

Mental defectives differ among themselves as much as normal people do. They all have their good points. There are a great many different types, such as the "Smiler", almost unteachable; the voluble and loquacious—often so glib as to deceive even a magistrate; the restless type—never still; the silent type, who scarcely ever speaks; and the good, kind, decent ones, who are a comfort.

Mental defectives are very different at different times. They have good and bad days. They frequently have a "twenty-four hours memory". The tablets of memory on which you think you have written some lesson to-day may be found quite blank to-morrow. If that happens constantly, do not waste your time. You will never get any result but wasting your time and the ratepayers' money.

Keep these children busy to the limit of their capacity, but do not fatigue them. They are often good handworkers, and they can be educated through the hand better than through the head. They are often clever mechanically.

Respect and develop their powers of affection, but do not let them grow sentimental. Never teach them anything they will not use in after life. Develop anything that will help in the slightest degree to make them useful in the home, in the community, or as wage-earners, however humble the work.

Never lose sight of any chance of vocational training of any kind. Of course, it is usually of a very simple and humble kind.

Try to get the training started at as early an age as possible. Has your pupil any younger brothers or sisters? Are they defective? Can they be given some training? The hopeful years are from three to thirteen. After that the progress is not so good. But all mentally defective children who come to school have some intelligence, and can learn something at school. It is probable that a special time-table ought to be made for your mentally defective child, but this will take time to develop. Perhaps we place too much emphasis on writing and reading. What use is writing going to be to your feeble-minded pupil? What will he do with it? It is likely that you will be able to teach him to write his name. That will be useful to him. Anyone who has taught a feeble-minded child the alphabet by means of giving him letters three or four inches high, cut out of wood, to handle and play with, will remember what a help these letters were. The phonic method is not always the best to use for such children. And do not try to give him all the lessons yourself. Your other pupils will often succeed in teaching him things that you cannot teach him. If there is a sign "For Sale" on a house near by, borrow it and use it to teach your boy these words. That lesson will lead to several others, and gradually the child may learn to read well enough to help himself and interest himself.

Of course the higher grade mental defectives or "morons", as they are called, or border-line cases, can learn to write or read easily. Readers of Dickens will remember Mr. Toots and his prowess as a letter writer. Mr. Toots got on quite well in Dr. Blimber's Academy. So will the Mr. Toots in your class—in a way. Writing from a copy—large round hand—is a favourite employment with many feeble-minded children. It does them no harm when they can do it fairly easily. They learn neatness and some control of hand and fingers. But in teaching reading and writing, do not use superhuman efforts to teach the child. It is sometimes agony to him and always exhausting to you, and no good comes out of it. Teach him what he can learn.

We may almost say, as a rule, that a child who is fairly good in arithmetic is not mentally defective. Arithmetic is the greatest school difficulty that a feeble-minded child has to meet. Do not drill him for ever on tables. He may learn them by dint of repetition, but often he cannot use them and will, therefore, forget them. Long division is

usually the upper limit of a feeble-minded child's arithmetic. But concrete work he can often do. Let him weigh, measure, number, to his heart's content, and procure or make simple apparatus for his own use. Think of simple industrial work for him. Drawing is a fine subject for children who can manage paper and crayon or slate and pencil. Give them pieces of cheap paper or wrapping paper. Let them cut out pictures and advertisements and use them. Many mentally defective children have good powers of imitation.

Music is an exceedingly important subject for mentally defective children. For some reason, which we can only guess at, they nearly all have some idea of music and most of them are very fond of it. To learn to play on some instrument is a great thing for such a child and lessons of this kind are very helpful.

Simple physical training as to step, gait, posture, reflex action, response to command, is important. Give the child every possible opportunity for this. Here again, as in nearly all other subjects, a senior pupil can give excellent lessons, with some supervision. Every effort should be made to help mentally defective pupils to join simple games. They may not play like the rest nor with children of their own size and age, but they can learn to play.

Occupational training, pasting, matching pictures, using a board with holes, in which pegs or other things can be fitted, sorting different things, stringing beads, arranging colours, following an outline with tracing paper, simple weaving, sewing, knitting, colouring and all forms of work with paper, may be utilized in teaching children. But do not allow them to keep the supplies. Keep the supplies for them in a special cupboard, and, if convenient, provide lessons for a month or more, or for a whole school term, with little or no repetition. This can be managed easily by using in the different seasons of the year the material that nature supplies, or using materials that the industries of the neighbourhood render available for using waste products. Sewing on cards, working in wood sometimes, string work, making mats and simple baskets, and, if the pupil progresses so far, manual work and weaving may be gradually introduced. With girls, domestic and home training is of the greatest value, and, indeed, it is very important to co-operate with the occupations of the parents and the work carried on in the home in every possible way.

There are three books which may be mentioned as of special value to teachers of very backward children, or children who appear to be mentally defective. These books are "The Boston Way", by the Special Class Teachers of Boston, published by the Rumford Press, Concord, N.H., and "An Introduction to Special School Work", by Marion F. Bridie, L.L.A., published by Edward Arnold, London, England, and "Simple

Beginnings in the Training of Mentally Defective Children", by Margaret MacDowall, published by the Local Government Press Co. (R. T. Leach), London, England.

I have the honour to be, Sir or Madam,

Your obedient servant,

HELEN MACMURCHY,
Inspector of Auxiliary Classes.

Parliament Buildings, Toronto.

March 19th, 1919.

WORK WITH THE FEEBLE-MINDED AT HALIFAX

Twenty years ago the Local Council of Women of Halifax made a study of the question of mental deficiency, and in 1906 approached the Provincial Government to present facts showing the number of feeble-minded in the Province, and histories of specific cases. No Governmental action followed, however, because it was argued that the expense involved in dealing with the situation was prohibitive.

Some time later the Local Council were instrumental in forming the Nova Scotia League for the Care of the Feeble-Minded, with Sir Frederick Fraser as its President, and fifty branch leagues were organized throughout the Province. Several meetings of the Association were held, but the Provincial Government was not again approached on the subject.

Following the Halifax disaster, the I.O.D.E. of Canada sent a large donation to be used for children who had suffered in the explosion. Since the majority of these children were already being cared for in hospitals and institutions, a request was made by the I.O.D.E. of Halifax that the fund might be used for feeble-minded children injured in the disaster—children for whom no special provision existed. This suggestion met with approval, and a Home for the Feeble-Minded was started in a little cottage on the grounds of the Protestant Industrial School, under the supervision of Dr. Eliza Brison, an assistant, and a matron. At present there are 10 small girls in residence.

Dr. Brison has been appointed convener of the Committee for the Care of the Feeble-Minded, and it is the hope of the Local Council of Women that the fifty branch leagues which were never called into action may be revived, and a campaign of publicity undertaken in the Province.

The Board of Education has demonstrated interest in this problem. Five teachers specially trained in Harvard, Waverley, and Vineland have charge of two auxiliary classes. A third will be opened in September. It is recognized that there is urgent need for supervision and further instruction for children who graduate from these classes, although nothing has been accomplished along this line to date.

Largely through Dr. Hattie's efforts there is a prospect of the establishment of a clinic for the feeble-minded in connection with the Halifax Dispensary, and it is hoped that the Medical School of Dalhousie University will support this project.

TO PROMOTE OCCUPATIONAL THERAPY

A National Association for the Promotion of Occupational Therapy has been organized in the United States indicating that the movement has grown to proportions which need the stimulus of national contact. The association has agreed upon a platform of principles which express the object and purposes of occupational therapy and the results expected to be produced through its development as follows:

(1) Occupational Therapy is a method of treating the sick or injured by means of instruction and employment in productive occupation.

(2) The objects sought are to rouse interest, courage and confidence: to exercise mind and body in healthy activity: to overcome functional disability: and to re-establish capacity for industrial and social usefulness.

(3) In applying Occupational Therapy, system and precision are as important as in other forms of treatment.

(4) The treatment should be administered under constant medical advice and supervision, and correlated with the other treatment of the patient.

(5) The treatment should, in each case, be specifically directed to the individual needs.

(6) Though some patients do best alone, employment in groups is usually advisable because it provides exercise in social adaptation and the stimulating influence of example and comment.

(7) The occupation selected should be within the range of the patient's estimated interests and capability.

(8) As the patient's strength and capability increase, the type and extent of occupation should be regulated and graded accordingly.

(9) The only reliable measure of the value of the treatment is the effect on the patient.

(10) Inferior workmanship, or employment in an occupation which would be trivial for the healthy, may be attended with the greatest benefit to the sick or injured. Standards worthy of entirely normal persons must be maintained for proper mental stimulation.

(11) The production of a well-made, useful and attractive article, or the accomplishment of a useful talk, requires healthy exercise of mind and body, gives the greatest satisfaction, and thus produces the most beneficial effects.

(12) Novelty, variety, individuality, and utility of the products enhance the value of an occupation as a treatment measure.

(13) Quality, quantity, and salability of the products may prove beneficial by satisfying and stimulating the patient but should never be permitted to obscure the main purpose.

(14) Good craftsmanship, and ability to instruct are essential qualifications in the occupational therapist; understanding, sincere interest in the patient, and an optimistic, cheerful outlook and manner are equally essential.

(15) Patients under treatment by means of occupational therapy should also engage in recreational or play activities. It is advisable that gymnastics and calisthenics, which may be given for habit training, should be regarded as work. Social dancing and all recreational and play activities should be under the definite head of recreations.

FOR BETTER COMMITMENT LAWS.

The National Committee for Mental Hygiene appointed in December a Committee on Legislation, consisting of Doctor George M. Kline, Chairman of the Massachusetts Commission of Mental Diseases, Chairman, Doctor Charles W. Pilgrim of the New York State Hospital Commission; Doctor Owen Copp, Superintendent of the Pennsylvania Hospital; Doctor Frank P. Norbury of the Illinois Public Welfare Commission; and Major Frankwood E. Williams of the Surgeon General's Office, Washington. The object of the committee is to study the commitment laws of all the states and to suggest some standard forms for the observation, emergency commitment, temporary care and voluntary commitment of persons needing care and treatment because of mental disorder.

It has long been recognized that the commitment laws of many of the states are the expression of a misconception of the nature of mental disease. The individual suffering from mental disease is frequently treated like the lowest form of culprit. Under the guise of protecting his personal liberty, he is thrown into jails and lock-ups, and subjected to the humiliation of crowded court rooms. Happily, public sentiment on these methods is changing rapidly and commitment laws which will safeguard personal liberty and private property and at the same time insure the afflicted one adequate and scientific care and treatment are now demanded, especially in the more progressive states.

The Committee on Legislation has submitted the following suggestions to the state authorities:

OBSERVATION AND CARE.

If a person is found by two physicians qualified as examiners in insanity to be in such mental condition that his commitment to an

institution for the insane is necessary for his proper care or observation, he may be committed by any judge or any other officer authorized to commit insane persons to any state, private or incorporated institution for the insane under such limitations as the judge may direct, pending the determination of his insanity.

EMERGENCY COMMITMENT.

The superintendent or physician in charge of any institution public, private or incorporated, to which an insane person may be committed, may, without an order of a judge (or insert any other committing magistrate), receive into his custody and detain in such institution for not more than ten days, any person whose case is certified to be one of violent and dangerous insanity or of other emergency by two physicians, duly qualified as examiners in insanity, by a certificate conforming in all respects to the provision of law required in a medical certificate of insanity, and said certificate may, if the commitment of such person as insane shall be duly completed, be used as the certificate of insanity required by law. The officers required by the laws of commitment of the insane, or any member of the state or district police shall, upon the request of the applicant or of one of the said physicians, cause the delivery of such alleged insane person to such superintendent or physician. The person applying for such admission shall within ten days cause the alleged insane person to be duly committed as insane or removed from the institution, and, failing thereof, be liable to the institution for the expense incurred and to a penalty of fifty dollars which may be recovered by the institution by an action of contract.

TEMPORARY CARE.

The superintendent or physician in charge of any institution public, private or incorporated, to which an insane person may be legally committed, may when requested by a physician, by a member of a Board of Health or by a health officer, by an authorized agent of the State Board of Insanity, by a police officer of a city or town, by a member of the state or district police, receive and care for as a patient in such institution for a period not exceeding ten days (or fifteen days), any person who needs care and treatment because of his mental condition.

Such request for admission of a patient shall be in writing and filed at the institution at the time of the reception of the patient, or within twenty-four hours thereafter, together with a statement in a form prescribed or approved by the State Board of Insanity (or insert the proper title of the state supervising board) together with a statement giving such information as said board may deem appropriate.

Such patient who is deemed by the superintendent or physicians not suitable for such care shall, upon the request of the superintendent or

physician, be removed forthwith from the institution by the person requesting his reception and, if he is not so removed, such person shall be liable for all reasonable expenses incurred under the provisions of this act on account of the patient, which may be recovered by the institution in an action of contract.

Said superintendent or physician shall cause every patient to be duly committed according to law, provided he shall not sign a request to remain as a voluntary patient, or to be removed therefrom before the expiration of said period of ten days.

All reasonable expense incurred for the examination of the patient, for his transportation to the institution and for his support therein, shall be allowed, certified and paid according to the laws providing for similar expenses in the commitment and support of the insane.

VOLUNTARY COMMITMENT.

The superintendent or physician in charge of any institution public, private or incorporated to which an insane person may be committed, may receive and detain therein as a boarder and patient any person who is desirous of submitting himself to treatment, and who makes written application therefor, and whose mental condition in the opinion of the superintendent or physician in charge is such as to render him competent to make the application. Such superintendent or physician shall give immediate notice of the reception of such voluntary patient to the State Board of Insanity (or insert the proper title of the state supervising board).

Such patient shall not be detained for more than ten days after having given notice in writing of his intention or desire to leave the institution.

The charges for support of such voluntary patient shall be governed by the laws or rules applicable to the support of an insane person in such institution.

COMMUNITY SERVICE.

Section 1. Every state institution, to which an insane, feeble-minded, or epileptic person may be committed, shall appoint a physician experienced in the care of such persons, also the necessary assistants to such physician, and shall organize and administer under his direction to a department for community service in the district served by the institution. The duties of said department shall be:

First—The supervision and assistance of patients who have left the institution with a view to their safe care at home, suitable employment and self-support under good working and living conditions, and prevention of their relapse and return to public dependency.

Second—Provision for informing and advising any indigent person, his relatives or friends and the representatives of any charitable agency, as to the mental condition of any indigent person, as to the prevention and treatment of such condition, as to the available institutions or other means of caring for the person so afflicted, and as to any other matter relating to the welfare of such person.

Third—Whenever it is deemed advisable the superintendent of the institution may co-operate with other state departments such as Health, Education, Charities, Penal, Probation, etc., to examine upon request and recommend suitable treatment and supervision for

A. Persons thought to be afflicted with mental or nervous disorder.

B. School children who are nervous, phychopathic, retarded, defective or incorrigible.

C. Children referred to the Department of Juvenile Courts.

Fourth—The acquisition and dissemination of knowledge of mental disease, feeble-mindedness, epilepsy and allied conditions, with a view to promoting a better understanding and the most enlightened public sentiment and policy in such matters. In this work the department may co-operate with local authorities, schools and social agencies.

Section 2. The necessary expenses of said department shall be paid from a special appropriation for this purpose not exceeding dollars, subject to the approval of the supervising state board or boards

CONVEYING PATIENTS TO THE HOSPITAL.

The judge or magistrate of the court may appoint a proper person to convey the patient to the hospital. If a woman is committed to an institution under the supervision of the state board or commission, the committing judge or magistrate must, unless she is accompanied by her father, husband, brother or son, designate a woman of reputable character and mature age to accompany her thereto.

PAROLE AND DISCHARGE OF PATIENTS.

The superintendent of a state hospital may grant a parole to a patient under regulations prescribed by the state board of commission, for a period not exceeding one year, and may receive said patient again when returned by the proper authorities, relatives or friends, or upon personal application of the patient within this period without a new commitment.

THE ONE SUPREME TASK.

Democracy, . . . enters but slowly into the current of human attitudes and habits of thought. Nevertheless in some fashion, however halting and obscure, it has ever been at work. For is not the very essence of civilization itself the attempt of man to modify his world, to construct

something more congenial to his interests, real or fictitious, out of raw material which nature offers him? Invention is the gist of civilization. Each successive step in the long history has resulted from man's making over something, transforming that which he but finds, into a form in which it does not exist by nature, but only by art or artifice. Every step then is marked by the introduction of something new, which is the outcome of the transforming agency of human activity, and which would never have come into being if man had been content to accept and possess that which he merely finds. Consider briefly the two regions which exhibit such reconstructive activity, the physical things in outer nature, and the elements, instinctive and what not, which man finds in human nature. The making of fire, of the bow and arrow, of pottery, the taming of animals, the smelting of iron—these are the epoch-making inventions which raise man through the successive steps of savagery and barbarism. Each is the discovery of a new art. But the discovery of a new art is no mere appropriation or holding fast to some bit of nature; it is reconstruction of that which nature offers. And in one momentous invention or art, namely that of speech, and still more, in the use of graphic signs, it is the construction and the creation of something which nature of itself does not contain. That is, systems of ideas, embodied in language, make possible by speech and made permanent by writing, depend in some sense upon human activity. Instinctive sounds and meaningless marks are woven together, with the result that something new emerges. Significant ideas and a permanent language are the outcome of working raw material—sounds and marks—into a "finished product". And this process spells activity. It has become an all but universal habit of thought among us to define the progress of civilization in terms of technology and in the increase of man's control over nature. These successive steps by which early man invented something, made over some bit of nature's storehouse of raw material, are no doubt utterly sporadic, accidental, unconscious, compared with the persistent and deliberate adoption of the inventor's mental attitude in modern culture. We expect to make over and to control our world. "The key to modernity is control", says Shotwell. The democratic impulse to self-government, the view of the world as plastic and in flux, waiting to be made over into something which we desire, this attitude is all but lacking in primitive life, in the ancient world, in all cultures permeated by religion. There were practically no inventions in the ancient world; one wonders that an art so simple and elementary in principle as that of printing should not have been discovered by the Greeks. Apart from the absence of any necessity for the widespread diffusion of ideas, the reason lies in the fact that the Greeks did not look upon the objects in their world as raw material for human constructive

and transforming activity. Their world was one to appropriate and to possess.

If civilization does however depend upon the inventive and transforming agency of men in respect to physical objects, it depends fully as much upon doing something with, reconstructing and transforming that which man finds within himself. This reconstruction of human nature is of greater significance than is the reconstruction of outer nature. Every law, every social institution, every form of government, every practical idea or ideal, is something made by man, introduced into the world of human instincts and passions and motives, and doing something to these elemental forces, which, left to themselves, they would not achieve. Something happens to human nature in the course of civilization just as something happens to trees and animals, grains and metals. We have hardly become habituated fully to the belief in our own power here; we still think and act as if, however we may succeed in making over physical nature, human nature is something which must be taken as we find it, and left with us as a static possession. These actual transformations and inventions in the arts of social life, the reconstruction and novelties in human nature, have been even more sporadic, more the result of blind necessity and of fortune, than those inventions which put us in partial control over the energies of nature. The democratic attitude and faith have been more slowly maturing here than there. There has not been as much in our prevailing philosophy and habits of thought to justify the hope of controlling and actively making over human motives and social structures, as there has been in the region of technology, machine industry, and physical processes. Yet it is inconceivable that the democratic attitude of activity and control should stop short of the world of human nature. It is precisely in this human region that men are sensible, as never before, of the imperious need for some conscious guidance and intelligent reconstruction, if any such thing be at all possible. The belief that it is within the bounds of possibility, and that it is the one supreme task to which enlightened men in all civilized communities should now devote every energy—this belief and the longing which it expresses, will without any doubt be one spiritual deposit left behind by the war. More than ever before shall we need a philosophy which shall envisage this hope and this attitude, interpret it, and relate it to some total view of man's vocation and his enterprise.—GEORGE PLIMPTON ADAMS: *Idealism and the Modern Age*.

MANUAL OF MENTAL EXAMINATION OF ALIENS

Editorial, U.S. Public Health Reports.

Those concerned with the problems presented by mental disease, and that should include health officers throughout the United States, will

be interested in learning how the Public Health Service guards against the immigration of aliens suffering from mental disease or mental defect. The method of examination and the various procedures by which this undesirable class of prospective immigrants is excluded are well described in a "Manual of the Mental Examination of Aliens", prepared under the direction of the Surgeon General and just published by the Public Health Service. Health officers will do well to ponder the following paragraph taken from this manual, summarizing as it does the chief reasons for regarding mental hygiene as an important public health activity:

"Of all the serious problems in the field of public health activity, that of mental examination of arriving aliens is one of the most important, and the detection of the insane and the mentally defective among arriving aliens and the prevention of their entry has a value that, from the standpoint of national welfare, can hardly be overestimated. Physical disability may give rise to dependency, but with the death of the individual the nation is relieved of the burden. In the case of the insane or mentally defective there is imposed a burden which tends to perpetuate itself. Each mental defective may become the progenitor of a line of paupers, vagrants, criminals or insane persons which will terminate only with the extinction of the race. Were the expense to be purely financial it would be deplorable enough, but to the cost in dollars and cents must be added the ever-present moral degeneracy and its pernicious influence upon society."

The manual contains 112 pages and gives practical instruction to guide inexperienced medical officers in the application of their knowledge of mental disease and defects. Copies may be obtained by writing to the Surgeon General, United States Public Health Service, Washington, D.C.

MASSACHUSETTS PSYCHIATRIC INSTITUTE

The research laboratories heretofore established and now maintained by the Psychopathic Department of the Boston State Hospital, by the Massachusetts Commission on Mental Diseases, are hereby continued and shall hereafter be known as the Massachusetts State Psychiatric Institute. Such Institute shall be under the general supervision and control of the Massachusetts Commission on Mental Diseases, and shall be maintained by the Commission from appropriations obtained for the purpose.

The object of the Institute shall be:

1. To make psychiatric and pathological researches and investigations.

2. To give instruction in psychiatry, neurology, pathology, psychology, and social service, with special reference to instruction in the nature, causes, treatment and results of mental diseases and defects.

3. To promote the advancement of mental hygiene.

4. To encourage scientific work in the institutions.

5. To co-ordinate publications of a scientific nature.

6. To carry on the routine and special duties of the pathological service of the Commission.

7. To supervise and correlate the clinical and laboratory work of the institutions under the Commission.

For the purpose of clinical studies, scientific research and instruction, the clinical facilities of the institutions under the Massachusetts Commission on Mental Diseases, including the Psychopathic Department of the Boston State Hospital, shall be placed at the disposal of the Institute.

The Director of such Institute shall be a psychiatrist to the Massachusetts Commission on Mental Diseases. He shall be appointed, together with such other officers and employees as may be deemed necessary, and their compensation shall be fixed by the commission. The director shall perform, under the direction of the Commission, such duties relating to psychiatric and pathological research, and the instruction of medical staffs of the institutions under the Commission, and such other duties as may be required by the Commission. He shall have the supervision and control of such Institute and of the physicians and other employees therein, subject to the general direction, supervision and control of the Commission. The institutions under the Commission shall co-operate with the Institute in such manner as the Commission may, from time to time, direct. Such officers and employees as the Commission may determine shall, if required by the Commission, reside at the Psychopathic Department of the Boston State Hospital or such other institution as may be determined, and shall be furnished maintenance in whole or part.

Mental Hygiene, July 1919.

NATIONAL CONFERENCE OF SOCIAL WORK

The National Conference of Social work held its forty-sixth annual meeting at Atlantic City, June 1-8. The programme was one of unusual interest. The Conference is composed of ten divisions under the following captions: (1) Children, (2) Delinquents and Correction, (3) Health, (4) Public Agencies and Public Institutions, (5) The Family, (6) Industrial and Economic Problems, (7) The Local Community, (8) Mental

Hygiene, (9) Organization of Social Forces, (10) The Uniting of Native and Foreign Born in America.

The general theme of the Mental Hygiene Division was "Social Problems as the Reaction of Individual Mental Types to Environment". The general session was devoted to the topic, "Difficulties of Adaptation as Revealed in Military Life", the speakers being Col. Thomas W. Salmon, formerly Senior Consultant in Neuropsychiatry, American Expeditionary Forces, and Lieut.-Col. Frankwood E. Williams, Chairman of the Division.

The programme of the various section meetings of the Division on Mental Hygiene follows:

1. Methods and Results of Recent Investigations of Mental Defect. Methods of Creating Public Interest in the Problem of the Feeble-minded, Thomas H. Haines, M.D., Mississippi Mental Hygiene Commission, Jackson.

Recent Advancement in Tennessee in the Care of the Insane and Feeble-minded, C. C. Menzler, Executive Secretary, Department of State Charities, Nashville.

Mental Hygiene Surveys in Canada, C. M. Hincks, M.D., Secretary and Associate Medical Director, The Canadian National Committee for Mental Hygiene, Toronto.

2. Psychiatric Social Work.

Place and Scope in Mental Hygiene, Miss Margherita Ryther, Chief of Social Service, Protestant Episcopal Hospital, Philadelphia.

The Individual versus the Family as the Unit of Interest in Social Work, E. E. Southard, M.D., Director, Psychopathic Hospital, Boston.

The Psychiatric Thread Running through all Social Case-Work, Mary C. Jarrett, Chief of Social Service, Psychopathic Hospital, Boston.

3. Training of the Psychiatric Social Worker.

Qualifications of the Psychiatric Social Worker, Jessie Taft, Ph.D., Director, Department of Child Study, Seybert Institution, Philadelphia.

The Special Preparation of the Psychiatric Social Worker, Bernard Glueck, M.D., Mental Hygiene Department, New York School of Social Work.

The Training School of Psychiatric Social Work at Smith College, Edith R. Spaulding, M.D., formerly Director, Psychopathic Laboratory, Women's Reformatory, Bedford Hills, New York.

4. Education and Mental Hygiene.

William H. Burnham, Ph.D., Professor of Pedagogy, Clark University, Worcester, Massachusetts.

C. Macfie Campbell, M.D., Professor of Psychiatry, Johns Hopkins University, Baltimore.

William A. White, M.D., Superintendent, St. Elizabeths Hospital Washington, D.C.

5. State Care of Mental Diseases and Social Work.

Function of the Social Worker in Relation to a State Programme, George M. Kline, M.D., Director, Massachusetts Commission on Mental Diseases, Boston.

Function of the Social Worker in Reference to the State Hospital Physician, H. Douglas Singer, M.D., Alienist, Department of Public Welfare of Illinois, and Professor of Psychiatry, University of Illinois.

Function of the Social Worker in Relation to the Community, Miss V. M. MacDonald, Organizer of Social Work, The National Committee for Mental Hygiene, New York.

6. Disciplinary Problems.

Methods of State Procedure, V. V. Anderson, M.D., Psychiatrist in Charge of Special Work in Mental Deficiency, The National Committee for Mental Hygiene.

Methods of Procedure in the Army, Herman M. Adler, M.D., Criminologist, Department of Public Welfare, State of Illinois.

Methods of Procedure in the Navy, Lieutenant-Commander A. L. Jacoby, United States Naval Prison, Portsmouth, New Hampshire.

In addition to the above meetings, a joint session with the Family Division was held on the topic, Some Scientific Bases for Social Case-Work, and a session on the Causes of Delinquency, with the Division on Delinquents and Corrections.

NATIONAL ASSOCIATION FOR THE STUDY OF EPILEPSY.

The eighteenth annual meeting of the National Association for the Study of Epilepsy was held at the Craig Colony for Epileptics, Sonyea, New York, June 6th and 7th. This Association was organized in 1901, for the purpose of promoting the pathologic, therapeutic, social and medico-legal study of the epilepsies. In 1912, the Association became affiliated with the International Liga Contra l'Epilepsie, which is the world association for the study of epilepsies.

The meeting in 1918 was not held because of the war, and re-organization and resumption of activities were effected at the 1919 meeting. The programme set forth scientific medical, social, and institutional aspects. Clinics and demonstrations of *regime* were conducted by members of the medical staff of the Colony. Plans for a union of investigators in allied and neutral countries with those of America were discussed.

Members of the medical profession and laymen who are students of the various aspects of the epilepsies are eligible to membership.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION

The seventy-fifth annual meeting of the American Medico-Psychological Association was held in Philadelphia, June 18-20.

One session was devoted to administration and state problems, with the following speakers: George M. Kline, M.D., Director, Massachusetts Commission on Mental Diseases, Boston; H. Douglas Singer, M.D., State Alienist, Department of Public Welfare, Illinois; Burdette G. Lewis, Commissioner of Charities of New Jersey; Owen Copp, M.D., Superintendent, Pennsylvania Hospital, Department for Mental and Nervous Diseases, Pennsylvania; James V. May, M.D., Superintendent, Boston State Hospital, Boston.

Another session included military papers by Dr. Thomas W. Salmon, Dr. Frankwood E. Williams, Dr. L. Vernon Briggs, Dr. Sanger Brown; 2nd, Dr. Edward A. Strecker, Dr. John H. W. Rhein, Dr. D. A. Thom, Dr. George E. McPherson and Dr. Tom A. Williams.

The session entitled "Reconstruction" was addressed by Dr. Pearce Bailey, Dr. George J. Wright, Dr. T. H. Weisenberg, Dr. V. V. Anderson and Dr. Frank P. Norbury.

Sessions were also devoted to statistics and classification, social psychiatry and criminology, laboratory papers and clinical psychiatry. Round-table conferences were held on the subjects of administration, military matters, scientific investigation, occupational therapy and nursing.

THE AMERICAN ASSOCIATION FOR THE STUDY OF THE FEEBLEMINDED

The forty-third annual session of the American Association for the Study of the Feeble-minded was held in Chicago, May 28-29. A few of the titles on the programme were as follows:

The Feeble-minded and the War, George S. Bliss, M.D., Superintendent, Indiana School for Feeble-minded Youth, Fort Wayne, Indiana.

Temperamental Variability in Feeble-minded Delinquents, J. Harold Williams, Ph.D., Director of Research, Whittier State School, Whittier, California.

Are Morons the More Dangerous Defectives? J. B. Miner, Ph.D., Professor of Applied Psychology, Carnegie Institute of Technology, Pittsburgh, Pa.

The Problem of the Defective Delinquent, Guy G. Fernald, M.D., Director of Survey Maine Commission on Provision for the Feeble-minded, Augusta, Maine.

The Care of the Defective Delinquent, Colonel C. B. Adams, St. Charles, Illinois.

Delinquency in its Relation to Mental Defect, William Healy, M.D., Director Judge Baker Foundation, Boston, Massachusetts.

Present Status, and Plans for the Future, of the Ohio Bureau of Juvenile Research, Henry Herbert Goddard, Ph.D., Director, Bureau of Juvenile Research, Ohio Board of Administration.

The Arrangement of Hypophrenias (Feeble-mindedness) for Diagnosis Per Exclusionem in Ordine, E. E. Southard, M.D., Department of Neuropathology, Harvard University, and Director of the Psychopathic Department of the Boston State Hospital, Boston, Massachusetts.

What Institutions for the Feeble-minded Can Do for Returned Soldiers, Douglas A. Thom, M.D., Psychiatrist in Charge of War and Reconstruction Work, National Committee for Mental Hygiene, New York, N.Y.

Mental Defect as seen in Juvenile Court, Judge Arnold, of the Juvenile Branch of the Circuit Court of Cook County.

Defective Delinquency, Major Herman M. Alder, M.C., Army Disciplinary Barracks, Fort Leavenworth, Kansas.

The Need of State Surveys in Presenting the Problems of the Feeble-minded, Frank P. Norbury, M.D., Norbury Sanitarium, Jacksonville, Illinois.

A State Programme for the Feeble-minded, Walter E. Fernald, M.D., Superintendent, Massachusetts School for the Feeble-minded, Waverley, Massachusetts.

Problems of the Feeble-minded as Revealed by Systematic Examinations of Recruits and Army Experience, Lieut.-Colonel Frankwood E. Williams, M.R.C., Associate Medical Director, National Committee for Mental Hygiene.

Rehabilitation of the Mentally Defective—Illustrated, Charles Bernstein, M.D., Superintendent, New York State Custodial Asylum, Rome, New York.

The officers elected by the Association for the ensuing year are as follows: George E. Bliss, M.D., Superintendent, Indiana School for Feeble-minded Youth, Fort Wayne, Indiana, President; H. A. Haines, M.D., Superintendent, Michigan Home and Training School, LaPeer, Michigan, Vice-President; J. M. Murdoch, M.D., Superintendent, State Institution for the Feeble-minded of Western Pennsylvania, Polk, Pennsylvania, Secretary; F. Kuhlman, M.D., Ph.D., Director of Research, Minnesota School for the Feeble-minded and Colony for Epileptics, Faribault, Minnesota, Assistant Secretary and Treasurer. The Association passed a resolution "That the President of the Association appoint a committee of five on classification and uniform statistics and invite the co-operation of the Bureau of Uniform Statistics of The National Committee for Mental Hygiene". The president appointed

the following committee: Walter E. Fernald, M.D., Waverley, Massachusetts; J. M. Murdoch, M.D., Polk, Pennsylvania; H. A. Haines, M.D., LaPeer, Michigan; F. Kuhlman, M.D., Faribault, Minnesota; George Mogridge, M.D., Glenwood, Iowa.

NATIONAL SOCIETY FOR THE PROMOTION OF OCCUPATIONAL THERAPY

The third annual meeting of the National Society for the Promotion of Occupational Therapy was held in Chicago, September 8th to 11th, 1919. The attendance was large and great interest was taken in its sessions.

A business meeting was held Monday morning, September 8th, in Bowen Hall, at which reports of officers and committees were heard and acted upon. The following officers were also elected to serve for one year: President, Mrs. Eleanor Clarke Slagle, of the Henry Favill School of Occupations, Chicago; Vice-President, Dr. Herbert J. Hall, Devereux Mansion, Marblehead, Mass.; Treasurer, Miss Marion R. Taber, 348 Lexington Ave., New York City; Secretary, Mr. Louis J. Haas, Bloomingdale Hospital, White Plains, N.Y.; Member of Board of Management, Mrs. E. C. Slagle (to serve 5 years); Chairman of Committees: Research and Efficiency, Mr. Thos. B. Kidner, 348 Fourth Ave., N.Y.; Teaching Methods, Miss Elsey Taft, Walter Reed Hospital, Takoma Park, D.C.; Installations and Advice, Mrs. E. C. Slagle; Finance, Publicity and Publications, Dr. W. R. Dunton, Jr.; Admissions and Positions, Miss Susan C. Johnson.

In the afternoon the meeting was formally opened by addresses of welcome by Dr. H. Douglas Singer, Director of Illinois State Psychopathic Institute, and Miss Jane Addams, of Hull House. Response was made by the President, Dr. Dunton, after which the following papers were read.

Dr. G. Canby Robinson made an address upon The Use of Occupational Therapy in the Management and Treatment of Heart Disease. He showed that psychic rest is as important as physical rest and that this could be secured by properly applied occupation. He had also found that it is possible to test functional efficiency much better by observation of the patient in the shop than by the usual functional tests. It is possible to prevent cardiac repeaters.

Dr. Herbert J. Hall spoke on Grading and Systematizing the Therapeutic Occupations. He thought there is danger of too broad advancement and that the limitations and possibilities of occupational therapy should be carefully studied.

Dr. Arthur J. Jones, Professor of Secondary Education, University of Pennsylvania then made an address in which he emphasized that the

function of occupational therapy is the cure of the patient. Not vocational training as seems to be thought by some. The mental attitude of the patient is the most important thing to be considered. He then described the organization and work of the Philadelphia School of Occupational Therapy.

Major Reagan of Fort Sheridan then made an interesting address in which he paid a tribute to the occupational Aides.

The evening session was opened with several musical selections by a small orchestra, from Fort Sheridan, under the direction of Mrs. Geo. H. Stearns.

Dr. H. A. Pattison, Medical Field Secretary of the National Tuberculosis Association, then gave an address entitled Occupational Therapy and Vocational Guidance for the Tuberculous. This was an excellent presentation.

Mr. Sylvester then told of the workings of the Chicago branch of the Federal Board of Vocational Education. He was followed by Lieut. Col. H. M. Evans, Chief of Reconstruction Division, Surgeon-General's Office, who gave a Description of the Educational Division of Service, including Occupational Therapy, in Army Hospitals, and concluded by showing three reels of moving pictures taken in military hospitals.

Tuesday morning's session was called to order at 9.30 a.m. in Bowen Hall.

Dr. Nathaniel Allison, of Washington University, spoke on Observations on Occupational Therapy as Employed at the Walter Reed General Hospital, preceding this with some remarks on his experiences in France.

Dr. Dean Lewis read a paper on Occupational Therapy in Connection with Orthopedic Cases.

Miss Anna Barringer, Supervisor of Reconstruction Aides at Oteen, described The Duties of an Occupational Therapist in T. B. Hospitals. A knowledge of group work is necessary for the aide, as the treatment consists of a readjustment of the life to the disease, the aims being both psychological and physical.

Miss Harriet Robeson, Supervisor of Aides of the U.S. Public Health Service, gave an interesting talk of her experiences, showing a nice sense of humour.

Dr. Charles F. Reed, the Superintendent, made a graceful address of welcome, and was followed by Mr. A. L. Bowen, State Superintendent of Charities, who spoke on Occupational Therapy in Illinois State Hospitals.

Dr. Sidney I. Schwab, of Washington University Medical School, then made a delightful extemporaneous address upon his experiences with occupational therapy during his overseas service.

Mrs. Clyde M. Myers was then called upon to speak on The Occupational Therapist in Overseas Service, but stated that she could add nothing to what had been said by Dr. Schwab, except that part of their success was probably due to the fact that they had such a sympathetic and understanding medical director (Dr. Schwab).

Dr. Frankwood E. Williams, of the National Committee for Mental Hygiene then read a paper on The Demand for Occupational Therapists in State and Other Institutions, after which the meeting adjourned.

At 7.30 p.m. a banquet was served in the beautiful Florentine Room of the Congress Hotel.

Colonel Bispham, Commandant at Fort Sheridan, and Lieut.-Col. H. M. Evans spoke.

Mr. Everett S. Elwood, of New York State Hospitals Commission read his paper which had been postponed from the afternoon session.

Wednesday morning, September 10th, was spent in visits to the occupational departments of the Presbyterian and Cook County Hospitals. At the former a brief history of the department with a photograph of the shop was given to each visitor.

The 11.02 train was taken to Fort Sheridan and an inspection of the work in wards and shops was made. Miss Cuzzort, Head Aid made a brief address describing the work under her charge.

Shortly after 3 p.m. a return was made to Chicago.

Wednesday evening a meeting was held at the Henry Favill School, being called to order by Dr. Dunton at 8.25.

Miss Susan C. Johnson gave a talk on Practical Results of a Year's Work at Montefiore.

Miss Evelyn L. Collins spoke on Training Volunteer Workers to supplement the Activities of Trained Occupational Therapists.

Miss Alice Dean spoke of the work done in St. Louis, incidentally paying a tribute to the Favill School.

Mrs. F. W. Rockwell was called upon to speak of the work in Philadelphia, and invited the society to hold its next meeting in the Quaker City.

Miss Brainerd, of the Presbyterian Hospital of Chicago, then spoke of Occupational Therapy in that hospital.

Miss Brackett stated that a larger school is being started in Boston, at which hospital observation will begin with the course of study. She also made some amusing statements in regard to some of the pupil patients.

Miss Carter asked what hospital was used to which Miss Brackett replied the Homeopathic.

Miss Johnson then moved a rising vote of thanks to the retiring president which was given.

Dr. Dunton made thanks for the honour and for the co-operation which had been so heartily accorded him during his term of office. He then asked Miss Johnson to conduct Mrs. Slagle to the chair, and handed over to her the care and guidance of the society.

Mrs. Slagle thanked the members for the honour they had bestowed, and requested their co-operation.

Dr. Dunton moved a vote of thanks to all who had provided so well for the society's entertainment, to the Programme Committee, the Henry B. Favill School, Hull House, Chicago State Hospital, and to the authorities at Fort Sheridan. This being given, the meeting adjourned.

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**THE RESPONSIBILITY OF THE MEDICAL
PROFESSION IN THE PROGRAMME
FOR MENTAL HYGIENE***

BY A. T. MATHERS, M.D.

Director, Psychopathic Hospital, Winnipeg, Man.

IT has been stated that the two departments of Medical Science that received the greatest impetus and stimulation during and as a result of the Great War were Orthopedic surgery and Neuropsychiatry. It is acknowledged that medicine contributed very largely to the lessening of the horrors of war and to the rehabilitation of thousands of men who heretofore would have been allowed to complete their lives, hopeless physical or mental cripples. But it is nevertheless true that more than one department of Medical science was caught napping and the one in which we are at present interested was probably the one found to be most lethargic. The one fact that 25,000 men were pensioned in England because of that mysterious condition, "Shell Shock", before its true nature was discovered, is rather conclusive. Nevertheless the discovery of the generally backward condition of neuropsychiatry, coupled with the enormous demand for service, brought about a wonderful revival of interest and effort, and the record of the finished war shows neurology and psychiatry not only to have regained their rightful position but to have actually forged ahead. Not only was much light thrown on the previously dimly illuminated field of the psychoneuroses but an enormous impetus has been given to the study of mental life and its abnormalities.

It is true that even previous to the outbreak of war, the evidences of new life were beginning to appear in mental medicine. Mr. Clifford

*Read at the annual meeting of the Manitoba Medical Association, Winnipeg, October 9-10, 1919.

W. Beers, author of a book which doubtless many of you have read—"The Mind that Found Itself"—was in a large measure responsible for the formation in the United States of a body known as the National Committee for Mental Hygiene. This organization in the original conception was probably intended to improve the facilities for caring for the insane and to do away with many of the irregularities and abuses depicted by Mr. Beers, but its scope was speedily widened to take in the advancement of all measures calculated to improve the mental life of the people, individually and collectively, as well as the improvement of the methods of caring for the insane.

This organization had begun its work when war came. A similar organization has within the past two years been set on foot in our own country and its activities have been most notable. Already much has been done and the plans laid down will result in much good to the whole country. As a matter of fact, our own province of Manitoba was the first of the provinces to take advantage of the investigating facilities of the National Committee. Dr. C. K. Clarke and Dr. C. M. Hincks, Medical Directors of the Committee, made a survey of the care of mental defectives and mentally diseased in Manitoba and made recommendations that are embodied in the report of the Public Welfare Commission and that we hope to carry out in full. Other surveys have been made throughout Canada and the United States, and undoubtedly much useful work is being done in the discovery and elucidation of the facts of defective mental adjustment.

During the past few years much has been done to investigate and draw practical lessons from the facts of physical disease. The epidemiology of infectious diseases, the disposal of sewage, the provision of pure water and food, the limitation of the hazards from occupational disease and industry are familiar to us as notable landmarks in a progressive and life saving program of what we might call Physical Hygiene. The medical profession are well acquainted with the tenets of this science and the laity are being speedily informed of the terrors and dangers and the numbers of victims of physical disease.

Now, we have developing a new department of Hygiene tending to serve a similar purpose with regard to mental disease. Heretofore the facts relative to the development and progression of mental disease have been allowed to lie as things remote from our lives and efforts. This period of inaction seems now to have come to an end and a new period of steady development entered upon.

We must not get the idea that mental hygiene is concerned only with the lives of the people who fill our Hospital for Mental Disease. They form but a fraction of the cases in which mental abnormality is evident. We must recognize that besides those actually psychotic and

mentally defective, the large groups of neurotics, epileptics, criminals, misfits, etc., are made up of individuals exhibiting faults in mental life adjustment and showing us the need for investigation and efforts toward the removal of the factors responsible for their unhappy state. The immensity of the field is at once apparent and the people at large expect the medical profession to repeat for mental diseases their great efforts put forth to prevent physical disease. And herein we must not fail.

This, then, is a rough outline of the scope of mental hygiene. Our business is to recognize our responsibility, to search for the ways and means of furthering a good cause and then to see to it that the best practical application is made.

First of all there is the question of prophylaxis. What can be done to stem the steadily rising tide of mental disease, defect and disorder?

"The highest function and the highest ambition of the human intellect is undoubtedly the ability to foresee and to shape one's action so as to anticipate the future. The realization that something *can* be done in turn inevitably leads to a real feeling of responsibility" (Meyer).

No one questions the fact that at the present time the great efforts of medicine are being directed toward prevention of disease. Much has been accomplished in the realm of somatic disease, but much remains to be done as is borne witness to by the fact that although the ills affecting early life are actually on the decline, the incidence of degenerative diseases occurring in middle life is actually rising.

Mental diseases are notoriously hard to treat, the difficulty resting largely on the obscure pathogenesis of these diseases and the practical difficulty of combating directly the causative factors at work in any given case. This difficulty in treatment has led to the adoption by laity and medical profession alike of an attitude of hopelessness only too thoroughly depicted in the methods of care adopted heretofore. But this very difficulty—the knowledge that cure of the calamity is much more difficult than prevention, should form a very special reason why prophylaxis should appeal to us.

The problems of prevention are inextricably bound up with the problems of etiology. We need spare no time speaking of the prevention of mental disease consequent on somatic disease since it is self evident that this depends on the prophylaxis of the primary disease. We may much better devote our attention to prevention of some of the other mental conditions that are responsible for a large proportion of cases admitted to hospitals for mental disease.

It will be interesting and no doubt illuminating to observe the effect of the present attempt at prohibition, on the incidence of mental disturbance due to alcohol. It seems unlikely at this time, that, in so far as the present generation is concerned, much need be expected for under

present conditions, those who feel that they require alcohol may get it in one way or another. The rising generation, on the other hand, may do better.

Mental disease due to syphilis shows no tendency to decrease and in fact will doubtless show up with increased frequency in the next decade. Early and adequate treatment of the primary stages of the disease doubtless serves to lessen the number of cases that drift otherwise to general paresis. But the disease undoubtedly appears in a certain percentage of syphilized persons who have received what seemed to be adequate treatment. Certain it is that little has so far come of attempts at the treatment of paresis once the condition has declared itself. More thorough education of the public regarding the disease syphilis and its consequences will do much to lessen the number of travellers starting down the road that ends in the tragedy and hopelessness of general paralysis.

Another type of mental disorder that seems to be growing in prevalence is that rather extensive group—Dementia Praecox. The researches bearing upon this condition are being steadily followed back toward the source, and already much has been learned of the conditions that apparently precede and no doubt accentuate and hasten the development of actually psychotic symptoms. Inquiry into the mental life of cases of dementia praecox very frequently shows certain characteristics of the so-called "Shut in" personality. "They show no rational tendency to be open and to get into contact with people and things about them, are reticent and exclusive and cannot adapt themselves to situations, are hard to influence and often sensitive and stubborn. They show little interest in what goes on and frequently do not participate in the pleasures, cares, and pursuits of those about them—although often sensitive they do not let others know what their mental conflicts are—do not unburden their minds, are shy and have a tendency to live in a world of fancy and day dreams" (Hoch).

Given such a "make-up" and a variety of exhausting mental or physical influences and the way seems paved for the development of a case of dementia praecox. Hard, unremitting labour with scanty supply of physical necessities and comforts, social strain, over study, the mental states accompanying self abuse, devitalizing somatic disease, are some of the more important factors that may act as precipitating causes.

Few cases of the disease are brought to the physician in time for him to do much to prevent the on-coming catastrophe, but the opportunities for preventative work by physicians will become more frequent. Parents and teachers should be taught to be on the look out for danger signals and to do everything possible to overcome them. The famous

Scotch psychiatrist, Clouston, was practical and to the point when he counselled, "Build up the bone and fat and muscle by means known to us during the period of growth and development. Make fresh air the breath of life for the young. Develop lower centres rather than the higher where there is a bad heredity. Do not cultivate, rather restrain the imaginative and artistic faculties and sensitiveness and idealism generally in cases where such tend to appear too early and too keenly. They will be rooted in a better brain and body basis if they come later. Cultivate and insist upon an orderliness and method in all things. The weakly neurotic are always disorderly, unbusinesslike and unsystematic. Fatness, self-control and orderliness are the three most important qualities for them to aim at".

The problems relating to the important part played by heredity in the causation of mental disorders have so far not reached a very practical solution or even approach to solution. Eugenics has at present no very definite practical policy that it has a right to attempt to enforce.

Passing now from this all too hurried fragmentary discussion of prophylaxis we may refer for a moment to the question of care of fully developed cases of mental disease. "Misconception, tradition, inadequacy of methods and provision for treatment and care of such afflicted, and especially stringent forms of legal procedure" (Copp), have served to erect barriers of unnecessary height to the treatment of mental disease. The mentally diseased have been stigmatized—the phraseology relating to this department of medicine is archaic, needless delays have stood in the way of early care, overcrowding of institutions and paltry appropriations insufficient for the proper conduct of the work on hand, have done their share to prevent early adequate and satisfactory treatment. It has been truly said that in the organized methods by which insane people are dealt with, examples can be found of every form of neglect and abuse to which the insane have been subjected during the past two hundred years. And these things we must help to put right.

Proper care for the mentally unfit requires profound and even revolutionary changes in the methods at present in vogue.

It is necessary, first of all, that medical men devote more sympathetic attention to the subject. Mental abnormalities and disorders must come to be considered in much the way physical abnormalities and disorders are now considered. The terminology relative to these types of disability would benefit much by the complete abandonment of such terms as lunatic and lunacy, based as they are on the conception that the moon is in some way connected with the conditions. "Insanity" should be used in designating those cases of mental disease or disorder requiring commitment—in other words, we should come to look upon it as a legal and not a medical term.

Intricate legal machinery has been responsible in no small degree for the stigma attached to mental disease and for the hopeless condition in which cases finally reach the hospitals devoted to the care of such. These institutions have been looked upon unfortunately by laity, legal and medical professions, as the last resort, a lodging place for human material considered beyond all hope of return to normality. We must come to consider these as hospitals capable of the same thorough going investigation and care of mental disorder that general hospitals are able to afford to those afflicted with physical disease. The institutions themselves must be well staffed with regard to both medical and nursing service. They must have laboratories, special departments for study of borderline cases, and must be provided with occupational departments wherein the recreational, therapeutic and economic value of supervised occupation may come to full fruition. The establishment of a psychopathic hospital should do much to improve the status of mental disease and its treatment.

This institution is planned to receive all classes of mental patients for "first care, examination and observation, and to provide short intensive treatment for such cases as are likely to benefit". Facilities for the study of nervous and mental disease will be available, both by means of clinical observation and laboratory investigation.

It will be possible for the patients to enter the Psychopathic Hospital in one of three ways. First, the patient may make voluntary application for admission, the only requirement for such being that they be willing to comply with the rules of the institution regarding detention, etc. A second route of admission will be from custody of friends, relatives, police officers, clergymen, physicians, etc., the whole thing being accomplished without any of the customary legal machinery. Then lastly there will remain the present method of commitment by the courts.

The Psychopathic Hospital is looked upon as the centre of the system for caring for the mentally unfit of the Province. It is aimed to effect an improvement and uniformity in the clinical work of the hospitals for mental disease and to bring about correlated work looking toward the adequate care and investigation of cases in their care and of nervous and mental disease in general.

One of the most urgent reasons for the establishment of a psychopathic hospital is to furnish opportunity for clinical instruction of undergraduate medical students, the future family physicians, in order that they may come to recognize mental disease at its earliest stage, when treatment may be expected to do the most toward a return to normal.

A most important branch of psychopathic hospital activities is social service. The chief work of this department lies outside the

hospital walls and consists of "investigations among the families of patients, educational efforts for the dissemination of knowledge among the public, as to the nature of mental disorders and their prevention and the supervision of patients who are discharged from the psychopathic hospitals or hospitals for mental disease" (Barrett).

It is unwise, doubtless, to indulge in prophecy and statement of concrete aims. We must, as physicians, do what we can to realize the aims of mental hygiene.

"To stem the tide of syphilis, to wage war on alcohol, to counsel against marriage of defectives, to generalize the insane hospitals, to specialize the general hospitals, to weed defectives out of general school classes, to open out the shut-in personality, to ventilate sex questions, to perturb and at the same time reassure the interested public. These are infinitives that belong perhaps in a rational movement for mental hygiene. They are things the past has taught us more or less clearly to do, and in that sense the movement for mental hygiene is surely not much more than elaboration of the obvious" (Southard).

THE MENTALITY OF CONVALESCENCE*

BY CAPT. E. A. BOTT

Military School Orthopaedic Surgery and Physiotherapy, Toronto

May 1, 1919.

I APPRECIATE deeply the honour done me as a layman in this invitation to address you. May I suggest that, having in mind the whole panorama of military medical achievement, we consider for a time the mental attitude of the patients concerned, particularly of cases involving the restoration of function. To present this topic in the form of two questions: First, Is a patient's conscious reaction to his condition and treatment a matter of any consequence as a general rule? Assuming for the time being that the patient's attitude is not just what the practitioner would desire may we enquire, secondly, How should this psychological factor be handled? May it for instance, be ignored or be passed over with a casual word of counsel and encouragement, or should a scientific procedure be adopted throughout, *i.e.*, accept that mental attitudes, like other symptoms, show great variety and change, that characteristic attitudes result from definite antecedents, that they exhibit certain uniformities in developing, sometimes pass through crises, and regularly respond to certain lines of discriminative treatment, etc.?

The undefined term, mental attitude, is not here used as synonymous with any of the "psychical effects" often alleged to be produced on patients by this or that apparatus or drug with which they are deeply impressed. Such phenomena, half-mystically accepted by some practitioners, though without any critical or reasoned view of the underlying principles involved, may or may not be a factor in a patient's general attitude. Nor is the term intended as peculiar to those purely hysterical disorders of the war, which, perhaps happily, have compelled attention to psycho-technics that were formerly practised only by leading neurologists and psychiatrists. Again the term is in no way restricted to that difficult group of cases showing a mixture of physical and "functional" involvement that has demanded the team-play of specialists. A broader use than these is intended, *viz.*, that state of mind, which however complex in itself, is characteristic as marking a great gulf between the invalid and the well man, whatever be the lesion or pathological condition.

An appreciation of the mentality of convalescence means in the first place recognition of the fact that treatment for the restoration of

*Address delivered before the Chicago Institute of Medicine, April 1918, and reprinted from the "Institute of Medicine", Vol. II, No. 5, 1919.

function requires more than plaster casts and braces, lances and ether, bath sand massage benches, etc., however skilfully these be employed. The condition in large measure concerns voluntary functions which, having once been part of the patient's normal equipment for the activities of daily life, are now absent or seriously impaired, with the result that his life has shrunk to a degree that can accommodate that loss. To restore crippled functions requires the physiological and mechanical basis, but likewise effort, insight and perseverance by the patient. Formerly these functions operated with ease, now the habit of inaction or of substitution is ingrained and stabilizes a "set" of mal-adjustment. To overcome the latter is a course of high resistance that is neither natural nor congenial. For this reason a purely impersonal technic is not adequate. The very depths of a man's nature must frequently be reached and stirred in order that he play his part, for without desire and determination we look in vain for effective action. The motives which are fruitful are as various as human nature is complete and the selection and application of them cannot well be left to a chance environment. Treatment must be fitted to the man as well as to his ailment. The opposite point of view might be illustrated by a type of political economist who in his endeavour to analyze rents, wages, prices, etc., sees not the folks whose deepest instincts give such concepts life. Is the therapist safe from the same pitfall until he sees a patient as more than bone and blood? Crude though the family physician's psychology may be, it has a power which specialized medicine can profitably develop and refine. Now, when modern medicine is aiming to carry its benefits of prevention and cure into the realm of organized industry, the time seems fully ripe to stress this point of view in medical education and practice.

This is not the occasion to present a detailed analysis of the mental attitudes of either military or industrial patients even were I competent to do so. A few points and illustrations rather arbitrarily selected may serve to indicate certain problems and remedies which our military experience has suggested.

The setting for diagnosis of a veteran's point of view is important. One's mental outlook is not merely a personal possession, but a sensitive living organism with a life history and unlimited potentialities. It may be guided more frequently than driven. The object of an interviewer is not so much to gain knowledge as to leave an impression and if possible an inspiration. Interviews should, therefore, be individual and characterized by brevity, frankness, confidence and a sympathetic understanding conveyed by tone and manner rather than by words. Laboured questioning on civilian history and service record serve usually only to confuse, chiefly because the man is accustomed to be paraded and give

his report or receive instructions. Facts which his papers would reveal at a glance need not be rehearsed; it is more impressive for the interviewer to show the possession of such knowledge than to elicit it. Man to man contact, eye speaking to eye, has in it a power which should not be distracted by the filling in of forms. From this standpoint the initial interview is a first and invaluable step in treatment. With the constructive phase of the interview we shall deal later. Our present point is the importance of what may be described as the unspoken communication. This does not imply pauses of silence, but it does mean the exercise of a fertile and appreciative imagination which reads the background of the patient's past accurately. This fact is impressed upon the patient by the nature of the programme outlined for him.

In the training of civilian workers for functional reeducation we have been impressed by the advantages of dwelling on certain features of the veteran's mental outlook. That the veteran is different from the civilian is immediately recognized, but failure to understand how and why is disconcerting and invites indulgence in sentimentality. On the other hand, to give students a critical curiosity about this side of the case stimulates close observation, assists in adjustment to the needs of the individual and adds immeasurably to the interest in the work.

This pedagogy must pierce below generalities to a study of individuals. The attitude of a patient depends not merely on what he was before enlistment, but on what branch or branches of the service he has been in and the conditions and length of his service and hospital experience. The outlook of an infantryman differs from that of an aviator, as a counter-battery artilleryman's does from that of a naval cadet off a submarine chaser. A patient's attitude is not simply a product of his hurt or of his hospital environment, but of his whole service. It is habits of thought that make problems of re-adjustment, and for this reason the ultimate cause of "hospitalization" should be sought not in hospitals, but in certain unavoidable features of combatant service. This may be illustrated in an abstract way from the experience of the healthy infantry recruit.

Whether he be a draftee or a volunteer, his first job is to learn to be a soldier. To say that this means he loses his individuality and initiative is less accurate than that it means a narrowing down of the motives upon which he may act. "How little", writes a soldier from France, "the outside world understands what our lives are like. In the outside world there are standards of freedom and politeness; in all personal matters a man has the power of choice. He is at liberty to make or ruin himself. He washes if he so desires; if he prefers to go dirty he does not wash. Within reason, as far as is compatible with the earning of his daily bread, he sleeps as long as he wants. . . . With

us everything is reversed. We grow mustaches under Army orders, we crop our hair to please the Colonel. We have no areas of privacy either in our bodies or our souls. We rise, sleep, eat, wash when we are commanded. We are physically examined, physicked, pumped full of antitoxins and marched off to church parade to worship God without our wishes being consulted. . . . We cannot give notice to our employers, we have no unions, no means of protest. To be always cheerful and smiling, the more cheerful and smiling in proportion to the hardship is a duty for the performance of which we expect no thanks. . . ."

Success in civilian life demands foresight, judgment, decisions that involve responsibility. All this must shrink to the vanishing point. In the ranks I do as I'm told. I do not think what I am to do, but I must think what I am doing. I am not a good soldier until my critical instincts are inhibited at least to the extent that they do not feel outraged nor plead for indulgences because of the limitations of my role. Nevertheless, room for initiative remains in the giving of prompt and accurate obedience, neither understepping nor overstepping the mark, expecting neither gain nor glory. Precision requires concentration and restraint, and for reward I may cultivate such chronic good humour as I will. This contraction in motives is a moulding process that requires time and adaptation. It is more diagreeable in the learning than when accomplished, but the unlearning seems most difficult of all.

With the narrowing of motives necessarily come changes in values, some more significant than others.

The personal equation must be adjusted. In civilian life we each adopt a particular point of view to all whom we meet: our banker, our grocer boy, our member of parliament, our doctor, our aunts, the stranger we pass. We carefully classify and appraise our social environment for what it means to us, and our daily routine becomes a dove-tailing of reactions appropriate to the great variety of our associates. On enlistment this grading of associates is ironed out. We each have our number, we think together, act together, play together, we belong to the dead level of Tommies. Beyond this are no distinctions of person, only of rank, which is for the most part a philosophy of clothes and an appreciation of idiosyncrasies.

The limiting of responsibility has far-reaching effects. In ordinary life our tasks rarely stand isolated, they blend with one another and with the activities of our fellows. Under such circumstances the attainment of results is more significant than the detail of the means employed; in other words, experience counts, discretion is expected, economy in time and effort is approved. In the army tasks are sharply focussed. To concern oneself with more is to be guilty of an offense. Instructions mark the limit both of responsibility and of power. Time means nothing.

Ultimate results are not your concern. Explicit obedience to superiors to the last detail is at once your duty and salvation. This limitation of responsibility the soldier learns too well, he even achieves skill in shifting to others the small responsibility he has. The fruits of this planting ripen during convalescence. His active duty has then ceased, but his attitude of dependence remains and is seen in his cheerful resignation to passivity. He is overwilling to be managed from without, not from within, even in the matter of improving his condition.

Many of the major moral forces and behaviouristic reactions which serve to stabilize society are inhibited or reversed in active service. Habits that make for conservation and have been a life-time in building are changed into a will to take risk or life. Discipline and common sense are not always sufficiently powerful substitutes for the sanctions of the home, the church or the club. The horrible sights and acts, the verminous nights, the moments of controllable emotion, of fear, disgust or passion, the swift partings, such things which deeply burn, we who have not been there can know nothing about even though our pulse may quicken over some bit of realistic verse from the trenches. The oscillation between extremes, for example, between periods of work of heart-breaking severity and rest periods of comparative idleness is probably more of a tax on stamina than the deadliest monotony of industry can ever be. It is not during action but in billets after action that hysteria usually incubates. Too great contrasts inhibit control. The degree to which such experiences reduce the power of re-adaptation to the civilian outlook is in some cases probably considerable, though always difficult to gauge.

True to the laws of life and growth the human mind accommodates itself to a change in mental environment. Characteristics which formerly were important tend to disappear and others are acquired. If the change is rapid and extreme in kind as on entering military service the adjustment is more marked. It is the new "compensation" factors that become dominant. They form the retaining walls in a new level of mental equilibrium; they are the foundations of successful training and of high morale so long as the environment of active service continues. Should a different setting arise as during convalescence or at discharge, or more generally, when the armistice was signed, the equilibrium is again disturbed. If, for instance, it be a question of re-entering civilian life the problem of adaptation is two-fold, viz., the reinstating of discarded motives and the reduction of those which have sustained him through the hardships of service. The relearning is here easier than the unlearning because the latter motives are founded on the most primitive and strongest instincts in man.

Perhaps the most dominant compensation factors in military life

are those instincts which make possible and stable a gregarious male existence. One has but to reflect on the satisfaction with which we seek the seclusion of our home or club after but a few hours in the company of our business associates to realize what adjustments would be required for us to live congenially elbow to elbow for months on end with men not of our own choosing. These adjustments are both discriminative and assimilative. A man who is not in harmony with the group has to be discriminated against as a menace. He is ostracized in countless ways by his fellows. If the satirical remark or practical joke are not sufficient, plain words or forcible action must follow. What in ordinary society might be a harmless eccentricity becomes an intolerable nuisance or danger in gregarious life. The herd cannot escape from the offender, it must, therefore, cure him. This is the negative or protective phase of adjustment.

The positive or assimilative phase of the gregarious instinct is that comradeship of companions in arms which is as old as war. It is not based to any large degree on the luxuries or pleasant things of life, on any similarity of tastes or hobbies. It is not a partnership, there being rarely anything to apportion. Its external side is simply a common inheritance of hard marches, wet trenches, good grouches and, withal, cheery smiles. Fundamentally, this comradeship rests on the feelings and aspirations of a whole body of men who have a common and hard lot, and who know that while they may fall before it one by one they cannot rise above it except together. The feeling is not one of liking the task, the aspiration is only to see it through. Every good officer knows that this factor is a cornerstone in the structure of *esprit de corps*. With this feeling strong within him no man can hold back when his comrades go forward. Nevertheless, though this comradeship has been vital to the Army, helping the men stand shoulder to shoulder in the trenches, its usefulness is not so evident on return to a civilian setting if it tempts men to sit side by side on our park benches when work is to be had. To modify a strong instinct on which one's existence has long depended is surely as difficult as to master a trade. The quality of human nature which produces the companionship of the trenches likewise produces veterans' associations and trade unions; it may be guided, it cannot be repressed.

Two instincts of expression which gregarious army life fosters and is for are fighting and playing. The one is an unpleasant necessity, the other a pleasurable substitute or equivalent. That the play instinct, as expressed in physical sport, seems spontaneous in our Army is suggestive of a fruitful means of stimulating physical action in crippled men whose fighting days are over. There is also a current of playful humour that flows near the surface on the Army. It may be shallow, because a herd is never intellectual, but it is expressive, and is one of

the ways of relieving the feelings and of passing the time congenially. In this connection we should not fail to appreciate the extent to which poker and crap helped win the war.

We have referred to some factors in the soldier's mentality, whether he was physically incapacitated or not, which must be reckoned with in rehabilitation. May we now consider certain influences these produce in the outlook of the wounded man and then formulate the problems and remedies for the peculiar mentality of military convalescence.

Until the soldier falls out his existence as an individual is *nil*, then all of a sudden he becomes important. He is no longer told what to do, he receives attendance, others act for him. His companions have gone forward, he goes back. No longer has he to keep pace with anyone, he is out of the race. This is a complete change of setting and produces a corresponding mental reaction. Realization of his "blighty" is the occasion of profound relief that knows neither reservation nor misgiving. The positive forces fall away without compensation. Unlike the civilian casualty who feels the distressing responsibility of provision for his family and himself, the soldier is aware that provision is assured. He calmly waits for what the future may bring forth.

The initial and most significant point in his mental adjustment is this unresisted slump in his "reaction of effective capacity". Whether his hurt be grave or slight, there is now no appeal for action either from without or within. From a circumstance wherein he strained every nerve to fall not short, he has fallen suddenly to a level where no goal exists. This slump in will is, of course, not peculiar to the war casualty, it may be seen on every hand in civilian life, in the school child who loses his place through unavoidable absence, in the labourer who loses first his place then his inclination to find another. But in the soldier, owing to his mental antecedents, the slump is more striking and the restoration of positive values more difficult. A new outlook has to be created, perhaps in the face of the fact that it was not a healthy thing to get well before the armistice. To restore his keenness, to find a motive appropriate to his state of mind is then the immediate problem of reconstruction.

The soldier's habit of not assuming but avoiding responsibility inculcated in his days of service finds full indulgence during convalescence. He takes his treatment with philosophic complacency. He is more satisfied to be worked at than to help himself. The remedy again lies in altering the point of view.

The convalescent Tommy is surely the most impressionable of men. Since enlistment his sphere of action has been narrow, with little variety or complexity. Situations which formerly he would have carefully

weighed he now interprets only with himself as centre. Not understanding the mysteries of medicine he has more than the usual reverence for the opinions of his medical advisor. The latter, being usually at pains not to enlighten him, leaves his uncritical imagination free rein. A doctor's prestige rests partly on a patient's vague alarms, and the fears of the military patient incline toward pessimism. He interprets the most casual and even irrelevant remarks as pertinent to his own case. He regularly selects only the unfavourable indications and the resulting picture is gloomy indeed. If he quotes you an earlier prognosis it is one that harmonizes with his present view and is usually attributed to an officer of wide reputation who is at least two ranks higher than yourself. Such an attitude is not morbid, but a natural outcome of his service experience; it is an attempt to rationalize his passive conduct. The remedy must be through motives that are sufficiently powerful to appeal.

Though the soldier's pessimism is self-centred, he does not keep it to himself. The gregarious habits of active service are a suitable soil for the growth and spread of his deepest feelings. Unless careful counter measures are applied a depressing atmosphere of convalescence becomes the prevailing tone of the hospital. The patient sees little to hope for and applies frequently for leave or even for discharge.

When a patient does show interest about his own improvement not infrequently it is a misplaced interest. He shows a keen belief and confidence in some irrelevant apparatus or technic which is not available, and at the same time he is not inclined to be a partner in what is being done for him. If he is treated with a galvanic battery he feels that a certain violet-ray machine which he once saw is what is required. Or, if his amputated stump is weak from want of graduated exercise so that he cannot operate his artificial arm, he complains that the latter is useless. He knows, too, of a high priced American arm that is satisfactory, the Canadian government cannot make proper arms anyway, he hands in an application for leave and intends to cross the line and buy one.

The mental mechanism in this attitude is neither morbid nor unnatural. We tend to ignore, to put away and forget what is highly unpleasant. For him the unpleasant is the manifest disability which stands between him and comparative health. He does not face the facts. In turning aside from his crippled function he ignores or belittles the measures which might bring relief. Instead he pins his faith to something which is just over the horizon or always falls short of being of any practical use to him. This becomes an imaginative construction which he amplifies and garnishes to his liking, and in proportion as his false ideal grows so does his inclination to help himself in any practical

way decline. A danger therefore in any programme of treatment based on the principle of helping a patient forget his disability is that it aggravates this inclination toward self-deception and the way of least resistance which is already a chief difficulty that he has to combat.

Such factors as the above, the slump in desire for accomplishment, the resignation to circumstances by the individual and the group, the rationalization against self-help, and the forgetting of the real issue in lieu of a false one—these may serve to indicate our problem. Not all of them appear in every case or in like degrees and the attitude varies as the physical condition changes, but observation of one thousand cases has satisfied me that they play an important role.

In referring to principles of treatment as relative to the mentality of convalescence it is assumed that the medical, surgical and passive therapeutic needs are being attended to, and that active functioning preliminary to more complete rehabilitation is required. The programme should be fitted to the patient's point of view as well as to his physical condition. "The invalid", says Prof. E. J. Swift in his *Psychology and the Day's Work*, "who waits till he feels able to work will never begin". The same may be said of the beginnings of functional restoration. Let us accept further that the test of effective procedure is twofold. First to reduce his disability of useful function to a minimum in the least time, the claim for as quick results as medical safety permits, to a patient's efforts. Secondly, and so far as possible simultaneously, to restore his self-confidence to the maximum and to direct and fit him to an objective in civilian life.

The value of curative occupation is now widely recognized on both sides of the ocean. It is properly argued that, man being a manufacturing animal, from the day our patient owned his first jack-knife, and even earlier, he has been making things. Therefore develop the motives of making with the infinite wealth of originality that that field opens. Interest the patient in things, jobs, objective results. Let his hands be occupied and his mind will be taken off himself. To those who are following military work the validity and results of this principle need no argument.

But human nature is very complex and may be approached from various angles. Visible products of his hands are not the only things that stir in man the conviction of accomplishment. If it is instinctive to mould clay into marbles, it is just as instinctive to play marbles—and more energetic. The motives of *doing* like those of *making* have unlimited possibilities of appeal. The problem in convalescence being to overcome apathy and establish desire, it is not so much what he does as the source of his effort that matters. In this sense the merit of a method is its fitness to touch the springs of action. It is because the

motives of individual expression have been repressed and those of group effort have been made dominant in the service that through the latter curative action may be readily stimulated.

In this way it is possible to approach the patient's disability and attitude directly and present a constructive programme of applied exercise. In the initial examination and interview, pains are taken to have him see the exact deficiency of function in range and in strength as compared with the normal. The problem that stands between him and health is then squarely before him. Challenge him to undertake the task and you arouse his fighting spirit. He volunteers. He is told that he will be shown what to do and how to do it, but that he must do the work. It is impressed on him that his object is to improve his condition, and he is warned that he will get out of the treatment just what he puts into it, nothing more, and that you are going to watch his progress. Few patients indeed fail to respond with their heartiest co-operation. Should this occur the reason lies still in the mental attitude and must be sought out and met. Re-examination and systematic supervision are as important as the initial interview in cultivating the proper attitude.

A complementary side of this direct treatment lies in the proper equipment and trained personnel to administer graduated exercises suited to various disabilities. With the details of these methods, the progression through muscle function training, higher co-ordination and collective gymnastic work we need not be concerned. Suffice it to say that the aim throughout is to combat the attitude of invalidism by setting precise tasks, not minimizing difficulties, and appealing to the strong motives of mastery, of self-competition and group competition. The results have been most gratifying.

To sum up the principle of the direct method as a remedy for the mentality of convalescence. For each negative element of the latter is substituted a positive one based on powerful emotions which the veteran knows. Instead of allowing the patient to relinquish responsibility he is forced to assume it by having him measure up to expectation in working out his own salvation day by day. His extreme suggestibility is taken advantage of to impress a constructive programme stimulated by the instincts of sport and competition. His false idealism which would forget the facts and look for relief to something outside or beyond reach is banished by converting him to an enthusiastic use of practical means at hand. Lastly, his strong gregarious habits are utilized to cultivate an atmosphere of cure rather than of convalescence. Establish the conviction of improvement in individuals and it will spread through a whole patient population, then collective treatment may complete the process.

The time has probably not yet come to draw final conclusions regarding the relative psychological efficacy of different methods of treatment during convalescence. Though the war experience has been large, the opportunities of careful comparison of distinct methods, conducted to the same end and under similar circumstances have been few. One's opinions consequently reflect chiefly one's own practice. It might be objected, for instance, that in the direct method of functional restoration men are asked to concentrate on insignificant and unmannish tasks, and that these will only emphasize the disability in their own eyes. But the criticism reflects the standpoint of the well civilian rather than the military convalescent. In the struggle for improvement small things to him loom mountain large, and that which impresses him is what he does accomplish rather than what he does not. On the other hand, the direct method, being intensive, should be tempered by occupation and objective tasks.

Among the problems of the future therefore will be the proper balancing and interrelating of technics that will be most appropriate to convalescence in the widest sense. The mental attitude of patients in war service is complex, but is immeasurably simpler than the points of view met outside the service where patients of both sexes and all ages await similar assistance. To find the facts about the attitude of workers in industry, for instance, is a vital task to-day that is little more than commenced. If medicine, therefore, sees new service in the field of industry ought not the psychological factor to have a place in its programme and an influence on its therapeutic procedures?

ONE THOUSAND PSYCHIATRIC CASES FROM THE CANADIAN ARMY

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IN the table accompanying this brief report is presented a summary classification of one thousand psychiatric cases in the C.E.F. personally examined by the authors. The list includes men who have seen service in England and France, as well as a considerable proportion of camp cases (service in Canada only).

The first column includes cases referred to the Psychiatric Clinic, Toronto University, for special examination; cases observed during a seven months' period at the Cobourg Military Hospital; and cases reporting for examination to the Dept. S.C.R. Headquarters at Ottawa.

The second column includes 216 additional cases, discharged from the army because of their mental disability, and distributed among ten provincial hospitals where they were personally examined.

This grouping has been adopted because of certain striking differences in the character of the cases. In the first group the material from the three sources was found in the aggregate to be fairly comparable. In general this group included a much higher percentage of milder, or more hopeful cases. The Cobourg material particularly included many cases which had undergone treatment for considerable periods in England and were almost ready for discharge to independent civil life on arrival from overseas, or became so after relatively short terms of convalescence on this side.

The contrasting feature in the provincial hospital group is the higher percentage of severer and chronic mental conditions. This circumstance is as it should be, and is due to the policy which the Government has attempted consistently to follow of delaying the transfer to provincial institutions of mental cases from the army so long as there is a reasonable chance of their recovering or improving in the special hospitals provided, from which they may pass directly into civilian life. This policy in no sense implies an unfavourable reflection upon the provincial hospitals. The officers of these institutions have done, and are doing, most excellent work. Particularly in the trying times through which we have passed when medical staff and nursing personnel every-

where were reduced almost to the breaking point, the devotion to duty of those charged with carrying on this work has been worthy of high praise. The policy referred to merely indicates a recognition, which is fortunately becoming more general, that in addition to the regular provincial institution special reception hospitals are necessary if the psychiatric work in the various communities is to be satisfactorily done. Neither of these two types of institution can stand alone. They supplement each other, and should work in closest co-operation.

So much has been written and said about the unfortunate fact that large numbers of mental misfits and unfits were accepted for service, that one would rather avoid further reference to it. It is not possible, however, to do so altogether in presenting an analysis of this sort, because it is necessary to take fairly into account the causes of these various forms of disability; and the truth is that in the great majority of the severer mental conditions, these causes were effectively present in the pre-war histories of the individuals concerned.

As is well known the few young psychiatrists who might have been available for conducting special examinations of recruits at the time of enlistment went overseas almost to a man at the earliest possible moment; and, as has been remarked, hospitals for the insane had their staffs so depleted that they could not give adequate attention to their own needs, much less to those of the army.

Making two or three specific comparisons of the cases tabulated in the two groups, it is noted that dementia praecox, while it heads the list in both, accounts for twice as many of the cases found in provincial hospitals as in the other group. That nearly two-thirds of the ex-service men in the provincial hospitals should be cases of dementia praecox is a very striking fact. Believing, as we do, that this disease is a constitutional and developmental one, it is not going too far to say that the war in the majority of the cases met with merely stirred the slumbering embers to a blaze. In some of the milder cases, particularly those with very short periods of service, there is evidence that the condition on discharge from the army was not worse than on enlistment. In others, taking into account the progressive character of the disease, although on discharge the condition was manifestly worse than on enlistment, it would be quite impossible to say what part of this aggravation, if any, was the direct result of service conditions, rather than an expression of the natural advance of the disease process. On the other hand there can be no doubt that stress of service has made active many latent mental conditions. This applies not only to certain cases of dementia praecox, but especially to defectives and other mild or so-called border types.

In inspecting a group of men such as those represented in the accompanying tables, one cannot escape the impression that in many instances the tragedy was precipitated in persons who might have got along with a modest degree of efficiency had they not been subjected to the unusual strain of service. In other words they might have remained at their normal, a poor thing at the best, but still of some usefulness. This was particularly true of many farm helpers and other ordinary labourers who found themselves completely unable to measure up to the exacting military duties. To the uninitiated the number of such people in a community does not appear to be large; to those familiar with the facts the number is not inconsiderable. Under ordinary circumstances they get through life, serving as hewers of wood and drawers of water with a certain amount of success; but removed from favourable surroundings and required to assume responsibilities even moderately severe, they break sooner or later under the strain. The war has rendered a service in forcing upon the attention of psychiatrists and neurologists the fact that the number of mental weaklings in every community is by no means negligible.

Comparing again the two groups in the table the cases of primary mental defect and manic-depressive psychosis are found to be less than half as numerous in the provincial hospitals as in the other group. The reasons are obvious. With the defectives, their disability is often naturally of a mild nature, and while incapacitating for military service does not preclude their return to civil life or to the supervision of their families. In a considerable number of these individuals a psychotic episode developed during service but subsided more or less promptly, leaving them no worse than before. In the manic-depressive cases the phase of the disease being by nature self-limited, it is clear that many recovered and passed under their own control without requiring to have been transferred to a provincial hospital.

It is desired to make special reference to the cases of neurosis. This disability constitutes the storm centre of military medicine and, one may add, of reconstruction medicine as well. As is well known these cases were treated in special neurological clinics, and did not figure largely either in the Cobourg material or in that of the other sources covered by this report. 12.4% of the cases shown in the first group, or 9.7% of the thousand cases represented various forms of neurosis—neurasthenia, hysteria, etc. The point upon which we wish to lay special emphasis in this connection, however, is that no single case of neurosis was found among the 216 ex-service men in the provincial hospitals here represented. This fact should constitute a definitive reply to the

complaint not infrequently heard that cases of "shell shock" are being confined in provincial hospitals for the insane. By this it is not implied that neurotic symptoms and reactions are not sometimes met with among these patients. Many defective and psychotic cases are conspicuously susceptible of developing neurotic complexes. The point at issue is that these patients are confined and under treatment in institutions not because of such accidental neurotic manifestations, but by reason of their underlying major mental disability.

It will be seen that the diagnosis "malingering" has not been included in our classification. In the first place the suspicion or conviction of malingering, as the case may be, according to the temperament of the examiner seems to have been closely, if not exclusively, associated with the neurosis group which, as has been shown, is relatively small in our material.

It is not to be denied that a few "lads with the lead" were met with, several of whom were able to give rather wonderful demonstrations. But it is our belief that malingering is not a diagnosis but a symptom, and that as a rule it is *prima facie* evidence of an abnormal mentality. No difficulty was experienced in classifying these cases according to their underlying disability. In our experience malingerers who are normal are rare and should not be difficult for a trained observer to detect, as it requires unusual mental capacity to simulate the most subtle of all diseases. As a matter of fact highly intelligent and normally developed individuals are not ordinarily found in situations where malingering is likely to be resorted to.

One of the striking lessons to be learned from a survey such as the foregoing is that there is urgent need of greater attention being paid to psychiatric instruction in the medical schools of Canada. Trained men in this line of work are relatively few, and mental hospitals everywhere are understaffed. Already such universities as Toronto and McGill have taken account of the requirements in this connection, and in the new six years curricula psychology and psychopathology will receive more adequate attention; and in addition to the regular courses in these subjects, there will be an important series of options available for those who are inclined to make psychiatry their life study. While it is realized that accomplished specialists of any kind cannot be developed during the years of training in a medical school, it is during this time that the foundation must be laid, and it is hoped that the teaching attitude in the universities will tend to direct the attention of medical students to the opportunities and possibilities in the wide and still too little occupied field of neuro-psychiatry, and help to decide the careers of those whose inclinations may lie in the direction of this special branch of medicine.

Diagnosis	Toronto, Cobourg, Ottawa		Ten Provincial Hospitals		Total	
Dementia Praecox.....	245	31.5%	137	63.4%	382	38.2%
Primary Mental Defect.....	199	25.3	24	11.1	223	22.3
Manic-depressive Psychosis..	94	12.	11	5.1	105	10.5
Neurosis.....	97	12.4	....	....	97	9.7
Cerebro-spinal Lues (incl. Paresis).....	24	3.	15	7.	39	3.9
Not Yet Diagnosed.....	23	2.9	10	4.6	33	3.3
Alcoholic Psychosis.....	23	2.9	5	2.3	28	2.8
Paranoid Conditions.....	20	2.5	6	2.7	26	2.6
Psychopathic Inferiority....	20	2.5	1	.5	21	2.1
Epilepsy.....	20	2.5	1	.5	21	2.1
Hyponchondriasis.....	7	.9	....	....	7	.7
Organic Brain Disease.....	3	.4	3	1.3	6	.6
Delirium.....	3	.4	1	.5	4	.4
Cerebral Defect from Skull Wound.....	2	.3	....	....	2	.2
Involuntional Depression....	2	.3	....	....	2	.2
Somatopsychosis.....	1	.1	1	.5	2	.2
Arteriosclerotic Psychosis...	....	....	1	.5	1	.1
Brain Tumour.....	1	.1	....	....	1	.1
	784	78.4	216	21.6	1,000	

MENTAL EXCITEMENT IN A PSYCHOPATHIC HOSPITAL: ITS PREVENTION AND CARE

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THE diminution of noise and mental excitement in a Psychopathic Hospital is a very important and practical problem which goes to the root of many difficulties connected with the management of the insane. It is universally accepted that in any institution of this kind the amount of disturbance should be reduced to a minimum and the extent to which this has been accomplished may be taken as an index of the good management of the hospital. The difference between the state of the "Bedlams" of the past and the mental hospitals of the present day, is largely the result of better methods of securing that quietness which is indispensable for the successful treatment of patients. Since consideration of prevention is inseparable from that of causation our starting point is clearly indicated; we shall refer to several specific factors which are most commonly present to break that peace which should be characteristic of any institution devoted to the treatment of mental disease.

One of the chief causes of disturbance is mental excitement of the patients. This excitement may be either of two kinds; there is on the one hand the mental excitement due directly to disease as of the person suffering from the delirium of an acute toxic psychosis; this is an essential excitement caused by some abnormal stimulus arising within the body; in many cases no external sense impressions reach the patient's consciousness; it is therefore amenable only to treatment which has an effect on the disease itself. Obviously the control of such excitement must be left to the medical officers, the nurse's only duty being to report its occurrence immediately and execute the physician's orders. Such cases are comparatively rare—in fact in the Cobourg Military Hospital not more than six cases coming within this category can be found on our wards at any one time.

There is, on the other hand, the mental excitement which is the reaction to some irritation in the environment acting on patients sensitized to irritation. This may be called non-essential excitement, it is temporary and paroxysmal in character and naturally subsides with the removal of the irritation. It is this preventable excitement which causes by far the greatest proportion of disturbances on our wards and its prevention and control devolve chiefly not on the medical officers but on the nursing staff. The best means of influencing this kind of excitement lies in the discovery and removal of the source of the irritation. A well directed

attempt to grapple with this problem will test to the utmost the originality, resourcefulness and powers of observation of the mental nurse. However the reward is great and the benefits follow so speedily that the relationship between cause and effect are obvious to all.

The sources of avoidable irritation to patients are innumerable. Demented individuals, like infants, when restless and troublesome, are usually suffering from some bodily discomfort. We have known such patients to become quiet after the relief of a distended bladder or rectum, a gastric lavage, the extraction of decayed teeth, the removal of an ingrowing toe-nail, or surgical attention to a suppurating ear. Night nurses have maintained quietness by giving a drink of warm milk, a soda biscuit or a little tobacco to their charges. Numerous other ways of sparing the feelings of excitable patients and sheltering them from a multiplicity of irritating stimuli will occur to any thoughtful nurse who studies the habits and environment of her patients. It is obvious that such discriminating enquiries cannot be carried out in an atmosphere of turmoil and confusion, wherein abnormal physical conditions are almost certain to be overlooked and misunderstood; the nurse responsible for the treatment of mental excitement under the latter conditions is merely groping in the dark.

Every noisily excited patient should at once be placed where he cannot disturb his fellow patients; therefore, provision has been made on each ward for a partially isolated room to which the disturbed sufferer can come accompanied by one or more nurses to administer suitable treatment until calmness is restored and the danger of inflaming the others has passed. At the same time measures directed towards the improvement of the general health of the patient and which operate indirectly to reduce the severity of mental symptoms must be undertaken; the more serious cases are prescribed treatment in the continuous bath, or some other form of hydrotherapy; the dietary must be generous,—the ration issued in the main dining room having a food value of 4000 calories with over 150 gms. of protein; special and extra diets are provided where indicated and whenever possible occupational treatments and amusements are given in the open air. Such measures in the vast majority of cases produce the necessary calmative effect, thus making it unnecessary to employ chemical hypnotics and sedatives with their well-known deleterious effects.

The Cobourg Military Hospital, being organized on the so-called "non-restraint" system, seclusion and mechanical restraint are prohibited by the Standing Orders of the Officer Commanding and all methods of a harsh intimidating or repressive nature are vigorously proscribed. Coercive measures, we have learned, lay the foundation for future irritability by engendering a spirit of antagonism towards the

Hospital and resistance to its therapeutic agencies. Undesirable accidents such as destructive episodes, violent outbreaks, suicides and escapes are prevented by a close but unobtrusive supervision of each individual patient; doors to all dormitories occupied by patients are therefore kept open except when a nurse or orderly is in attendance. Every precaution is taken to foresee and avoid situations which might lead to violent conduct.

There is no doubt that women nurses though they cannot command effectual physical means of controlling them, manage mental patients with less irritation and fewer outbreaks than occur when male attendants are in charge. Nursing sisters in this Hospital are almost ubiquitous. They are found not only on all wards both by day and night, but, if the visitor passes to the dining room, the recreation hall, occupational therapy groups on the lawns—in fact to any portion of the premises where there are patients, he invariably sees one or more nursing sisters directing the operations and watchful for ominous symptoms. Those who feel that the insane will take advantage of the milder methods of treatment little appreciate the power a well poised properly taught expert nurse can exercise by calm persuasion and mental suggestion. Ward disorders can be more easily prevented by the judicious words of a quiet, self-possessed gentle-toned woman nurse than by the threats and stormy commands of an angry orderly.

The following brief case summary serves to illustrate the difference between the modern treatment of the mental case and the older methods:

Private C— was admitted to this hospital from a convoy. His documents showed that he had made an attack on an orderly in an asylum and he was described as homicidal; information was given that on account of his violent and destructive propensities it had been necessary to confine him in a padded room and to keep him restrained by mechanical means for a considerable period. He came to us in a straight jacket with severe bruises over his entire body and the tips of his fingers deeply excoriated from his efforts to free himself. His facial expression was one of extreme terror and when the orderlies approached to transfer him from the stretcher to the bed he gave a frightened shriek. His escort warned the nurse that if the jacket were removed the patient would surely kill somebody; nevertheless the matron without hesitation entered his room alone, placed a cigarette between his lips, lighted it for him and at once proceeded with her scissors to cut the offensive confining apparatus from his body. The sight of the nurse's uniform seemed to bring both surprise and reassurance for he asked, "Do you have nurses to take care of us here?" The words were at once an indictment of the shackling and terrorizing methods of his former treatment and a touching testimony of the confidence reposed in the nursing sisters by the wounded

soldier—even the soldier “wounded in mind”. This patient did not speak an irrational word during his treatment here; within a few days he was given parole privileges and in less than three months was discharged to his home fully recovered.

Of all individuals connected with the Hospital none can do more to disturb its peace than the nurses and orderlies; therefore, it is of the utmost importance that only capable conscientious individuals should be chosen to fill the ranks of the staff. In dealing with the psychoses good nursing is much more important as a rule than medicinal or surgical procedures and therefore the general intelligence and natural disposition of its personnel supplemented by their conception of duty and knowledge of nursing, determine in large measure the curative atmosphere by which the patients are surrounded during their hospital residence. Those who show a lack of suitable temperament and of sound, sensible, dependable qualities and who persist in disturbing the wards by boisterous behavior and frivolous conduct, show a glaring want of consideration for their patients and must undergo careful training to eradicate these defects. Noisiness amongst psychotic subjects is as infectious as measles, therefore, the staff must learn to handle keys, dishes, doors and furniture gently and quietly. They are requested to wear rubber heels and cultivate a noiseless tread; they must understand the necessity of promptly answering the telephone and waiter. Shouting commands to patients or fellow workers is regarded as inexcusable. Nurses must acquire the habit of speaking lowly and distinctly—if a nursing sister is negligent in these matters she need not wonder if her orderlies regard them lightly.

The corridors in the hospital have been covered with battleship linoleum and rubber treads, to abolish the noisiness caused by the irritating tramp of many feet on hardwood floors; the blowing of whistles and ringing of bells has been restricted to emergency alarms. It has been found that even a disorderly appearance of the wards is suggestive; hence the importance of keeping the hospital at all times scrupulously neat and clean from roof to cellar; and of repairing immediately accidental damage to walls, paint and equipment; no detail is too small to deserve attention in our campaign to reduce to a minimum the number of irritating stimuli from every source.

It must not be forgotten that in the less acute cases occupation promotes quietude. We have all noticed how much more excitable patients become when for any reason the usual amount of occupation cannot be arranged. Fortunately for the patients here, provision has been made for carefully graded bodily and mental exercise for every suitable case: basketry, bead work, typewriting, carpentry, shoe-making, painting, athletic sports, musical drill, educational classes, dancing and

musical instruction have been so organized that a definite programme may be mapped out for each patient to fill the entire day from the time of rising till bedtime. Even in the case of those whose bodies must remain inactive, employment and diversion are provided at the bedside by the ward aides detailed to the acute dormitories. Much is lacking in the endeavours of any nurse if listless and unemployed patients are a customary sight on her ward.

Owing to the excellence of the therapeutic facilities in this hospital one misses many unseemly spectacles which are all too common in Institutions for the Insane less generously staffed and equipped. There is an absence of "herding", of the drooling statuesque, unkempt appearance of advanced dementia; visiting psychiatrists have frequently commented on the fact that the special attention and supervision provided has given our cases the appearance of an exceptionally mild type. The morbid process is the same however and there is no doubt that under less favourable conditions mental disintegration would be as rapid and complete in the case of our patients as in those seen on the chronic wards of any asylum where patients are given only custodial care.

Though cognizant of our inability to attain perfection and to secure the entire abolition of maniacal excitement in our hospital, yet, as the staff become more proficient in the application of the newer methods we are approaching closer and closer to that ideal. Experience has convinced me that by unceasing vigilance in checking troublesome and disorderly tendencies before they have formed into habits and by perseverance in an attitude of kindness—towards the patient—not a mere sentimental kindness—but a constructive kindness based on an understanding of the deeper springs of the aberrant behavior of the mentally deranged, the atmosphere of any institution for the mentally afflicted can and should be made as quiet and peaceful as that of any well-conducted General Hospital.

THE SOCIAL SERVICE PROBLEMS OF THE JEWISH IMMIGRANT

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"'Ere's a stranger Bill, 'eave 'arf a brick at 'im."—*Punch*.

IN return for the privileges of citizenship granted the immigrant, his complete and rapid Canadianization is desired. To obtain this result the immigrant must be helped along the right path. Effective aid cannot be rendered unless the racial peculiarities and particular problems of each immigrant group are definitely understood.

The important causes of Jewish immigration are religious and political, therefore the Jewish immigration comes in periodic waves, as the tides of persecution in the countries of Eastern and Southern Europe ebb and flow.

From the standpoint of social service there are three classes of Jewish immigrants. First, the older people—the parents; second, the babies brought here or born shortly after arrival; and third, the young people just entering adult life. Each class has distinct problems and points of view that require different methods of solution.

It is not easy for the Jew to emigrate, and he is firmly rooted even in those countries that force him to leave. He has lived there for centuries, the fields are partly fertilized with the blood of his massacred ancestors, his language has adopted words and phrases of his step-country, he has grown up in its customs, has developed traditions there and his own culture and ethics have been furthered there for ages.

Suddenly he must break all ties and start once more on his wanderings. He remembers quite well how other countries have treated his people and deep down in his heart arise both the question and fear as to his probable reception.

When he arrives amidst a strange people with a foreign language and customs, he seeks the prior arrivals of his own people, who, because of different dietary and religious requirements are already living in one neighbourhood. Thus there develops the Jewish section of the city.

Now comes the process of disintegration before construction can begin. At home the Jew was usually the sole support and master of the family. The boys received a good Hebrew education and also a secular one if the laws of the land permitted such to be acquired, the girls remained at home. In Canada the father alone cannot support the household, the children must go to work, help maintain the family and become economically independent, and the parental authority must perforce weaken. The strict orthodox religious views are gradually modified and

finally more or less discarded by the children, and the children themselves develop according to the customs of the country. Their parents' ways are no longer their ways, points of view are no longer in accord, and an invisible wall arises. The old traditions are gone, new ones are not yet fashioned.

The Jewish paterfamilias stands bewildered among the tottering pillars of his old established customs and traditions; the present is uncertain and the future doubtful to him. Constantly he lives in the fear that all this peace and quiet which he is enjoying are but temporary and he mistrusts his surroundings, gazing anxiously at the political horizon to discern the old signs of impending persecutions which the history of two thousand years have taught him to expect. He has good cause "to fear the Greeks tho' they bring gifts".

The passing years lull his suspicions; so he has his compensations and amidst all the hardships of body and soul he lives at least in peace. Then there are the children. They grow up into free citizens, enter business and the professions and ordinarily take honoured places amongst their fellow men.

So the Jew in his declining years gazes out into the future praying that perhaps here at last a permanent, peaceful haven has been found.

Let us now consider the immigrant child. In the foreign section in which he lives, neither his environment nor companions are of the best. Besides the Jewish children, his associates usually are the children of the poorer natives or of the foreigners of various nationalities. He sees a good deal of the seamy side of life. Often he must assist in the support of the family so that after school hours he is a newsboy, a telegraph messenger, etc. Here again his environment and associates leave much to be desired, and he becomes world-wise very young in life.

Otherwise he is like any other child and grows up a typical citizen of the country. There is, of course, a certain amount of friction with his Christian neighbour but it does not assume serious proportions.

Better opportunity for the children is one of the causes for Jewish immigration. To the "People of the Book" education is of supreme importance. Very often an entire family for years practises the greatest economies and self-effacement so that one or more of the children may get a professional education. For centuries the Jewish communal leaders were the educated men and no work is too hard for the parents and older brothers and sisters in order that the young ones may obtain an education.

But whether the Jewish immigrant child realizes it or not, his greatest problems are not with the strangers but in his own home and community. He grows up under surroundings and associations different than those his parents faced but he realizes that he must get a double education,

secular and Hebrew. His parents' ways, manners, customs and entire conception of life are different from those with whom he comes in contact. He is young, malleable, adaptable, whereas the parents do not so readily accommodate themselves to changes, religious regulations are not so important to him and he finds things irksome and unreasonable at home. Parent and child do not readily see eye to eye, and an invisible wall arises between them. It is the age-old conflict between the young and the old doubly intensified here because completely different conceptions of life and civilization are in battle.

The child matures and if he possesses the proper qualities, he does not become estranged but pulls his family up with him into the light. Jewish family life and the mutual devotion of parent and child are things of beauty. The pity of it is that both parents and children must fight their battles alone, not always comprehending the underlying causes.

Then there is the young adult who comes here in the early twenties. His problems are different, and although he usually has a good education, yet shortly after arrival must enter the factory or shop. He realizes quickly that his salvation lies in mastering the language and manners of the country; however, he must help at home, so he spends all day at hard work, and at night hurries to the evening schools. Naturally his progress is slow, for while his mind is alert and he is too far advanced for his parents, yet he cannot keep pace with the growing youngsters.

He reads voraciously for he can here obtain translations in Yiddish of the best works almost on any subject. The new world does not fill him with enthusiasm as he is a thoughtful individual and too frequently introspective. Not only is he nationally conscious to start with, but poor economic conditions and labour exploitation soon make him fully class conscious. Among the great middle class of his people he is the intellectual leader, and is a staunch trade unionist; new movements for social or economic improvements obtain converts from such as he. Having seen or suffered from oppression and persecutions in the old country he is ready to be the champion and often the dupe of any cause if it appears to be worth while.

Whereas the parents are contented here because peace has been found and the babies grow up into citizens knowing no other life, he expects and demands in a democratic, liberty-loving country, social and economic fair play and justice not only for himself but for all mankind. The writer is convinced that the best instincts and characteristics of the Hebrew which can be of value to the country are to be found in the large silent body of young immigrant Jews.

The immigrant may remain a tailor or shoe-maker all his life, but he

is a thinking man. Having suffered and studied he inspires his children to attain high ideals and principles. The immigrant child who grows up here may become a good citizen but at times he drifts from his people completely and does not bring forth that distinctive Hebraic contribution to civilization for which two thousand years of peculiar heredity and environment have prepared him. Here, as is the rule all the world over, it is the large silent middle class which forms the nation's foundation.

It is now readily apparent that these three groups with their different social problems and mental aspects require different methods of approach and development.

A few words on the so-called Jewish neurosis are needed before we discuss these developments. The Jew is often, and with some truth, called a neurotic, or "highly nervous". As a race, nervous maladies are frequent amongst them. The causes, perhaps, are less well known.

For centuries the Jew of Russia, Poland, etc., was segregated and not allowed in the professions, on the farms or in the skilled employments. His main source of a livelihood was in trading amongst his own people or with the native peasantry. Against the brute force of the ignorant peasant and the sullen priesthood he had to match his wit and cunning. His living was a precarious one, and he had plenty of cause to mistrust his neighbour and government, as periods of peace were always followed by persecutions. Living always with the feeling of being on the edge of a precipice, his mental tension was great, and being constantly under great mental pressure the result was a marked effect on his nervous system. It is interesting to note how the old immigrant Jew and his children or grandchildren who grow up here react to the same tests. Whatever neurosis the second or third generation may present they are generally those due to the high pressure and complexity of our modern civilization from which all alike suffer. It proves that the hereditary factor amongst the Jews at least in that regard is not so important as the environment.

The Jew in the old country lived a much simpler life, and the rapidity and complexity of life here affect the first few generations more readily. They are not so prepared to stand this new strain. The same thing is often found in the rural native population that is suddenly thrown into the vortex of a large city.

From the standpoint of social service to the Jewish immigrant, how must those three classes above-mentioned be approached? Primarily patience, a broad spirit of tolerance and fair play, and a knowledge of the people are essential. The old Jewish immigrant must be made to understand that he has nothing to fear, that there is "no chipmunk in the wood-pile", that the full privileges of citizenship are his in return

for loyalty and decency. His superstitions and ignorance of modern life which he brings from the out-of-the-way little villages of Russia, must not be scorned, but patiently removed. All his confidence must be obtained, as he needs assurance and encouragement.

The problem of the child is more within reach though difficult, and this young member of society needs above all, a decent environment and proper companions. The slums of any city affect Jew and Gentile child alike. The East Side of New York produces its gangsters irrespective of their nationality. Overcrowding, the presence of brothels, moral and mental defectives and unsanitary conditions in any section are not conducive to good citizenship.

The young adult immigrant needs, above all, more opportunities for education and technical training; plenty of night schools, where also vocational training can be obtained. Liberty at times is a dangerous intoxicant, but material welfare and economic prosperity are potent factors in the development of a sane conservatism. The young immigrant is anxious enough to work and study to improve his condition, and we must give him those opportunities so that he does not feel himself exploited, and it is essential to remove whatever lurking discontent or disillusionment to which he is subject. The country must assume the duties of parenthood in order to obtain parental respect and devotion.

One may claim that what has been said of the Jewish immigrant is in a large measure true of all foreigners who come here. That is so, but the case of the Jew is further complicated by the following facts:—

The Russian, Italian or any other immigrant brings with him something which forms a ready and intimate bond with the native citizen, and admits him instinctively more readily into the bosom of the family, as it were. That is the question of religion, and it is right and proper that it is so. These have the great factor of a common spiritual understanding and the Christian foreigner has in his religion a strong, earnest, sincere and powerful all that prevents him from feeling completely alone.

Furthermore, the immigrant from Italy or Russia, for example, brings with him a great faith and pride in the power of the country of his birth. He has something tangible to depend on or appeal to in case of need or abuse. The foreign representative or council of his native land is able and ready to protect him if necessary, so that the foreigner has a solid foundation and does not feel himself completely helpless.

With the Jew it is different. His religion keeps him apart, and only too often has he suffered because of it. There is no powerful native land to protect or intercede for him, and while it is true that he may mentally exaggerate these facts, yet they contain a large measure of truth. Two thousand years of wandering have proven this to him. It is a handicap which the Jew keenly realizes.

This article is not meant to be a polemic on immigration or the Jewish immigrant. Sufficient to say that the Jew brings a certain definite contribution to the sum total of the country's civilization, and that as a race he also gives his share of mental and moral undesirables. One could draw up a list, as it were, on one side placing all the good qualities and famous names among the Jews, and on the opposite side list all the crimes and criminals, but one cannot thus readily card-index or catalogue a people. "You cannot indict a whole nation" said Edmund Burke.

We desire the Jew to assume the full responsibilities of citizenship. If we understand his problems, we can help him the more readily to reach that condition. Such was the purpose of this article. It is in our power to be of service and yet be well repaid. All that it requires is the application of those Christian principles of charity, forbearance, tolerance and fair play which the Jew of Galilee so ably preached.

APPLICATIONS OF PSYCHIATRY TO INDUSTRIAL HYGIENE*

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WE are nowadays being constantly reminded that we stand on the threshold of a reconstruction period. Warnings and advice emanate from varied sources—statesmen, financiers, industrial leaders and unemployed workers. A glance at the daily papers shows us that social unrest and industrial discontent are problems of immediate importance. A study of the more technical literature in the fields of political economy, education, industrial management, psychology, medicine, and social service, shows that a great many people are thinking, and thinking intelligently, about these problems. The hopeful aspect of the situation is that, whether the point of view is that of the industrial manager trying to reduce labour turnover or that of the physiologist investigating fatigue, there is shown a feeling of broad humanitarianism, a desire to understand each member of the industrial system as an individual, and a reaction against the old system of exploiting labour to produce wealth.

It is in just this field of understanding, the individual worker and his reaction, that psychiatry is of use. Carleton Parker (1) even goes so far as to say: "Modern labour unrest has a basis more psychopathological than psychological, and it seems accurate to describe modern industrialism as mentally insanitary". Some causes of this mentally insanitary condition are brought out by Marot (2) in a book entitled *Creative Impulse in Industry*. Modern business enterprise and machine technology are said to have extinguished the joy of the creative experience; craftsmanship is a thing of the past; an article owes its existence to an infinite number of persons, and a worker's claim to the product of his labour is merged in an infinity of claims which totally impersonalizes the industry. The worker has become a mere factory attachment, and surrenders himself to the rhythm of the machine. Thus creative desire has been lost and the only reason left for labouring is the predatory desire to possess wealth—to get paid off and to do as little work as possible for as large a reward as possible. But this is only one of many difficulties. Among the economists, Parker has been the pioneer and has most vigorously preached the necessity of understanding human behaviour, and especially industrial behaviour, from an individual standpoint. In his paper, *Motives in Economic Life*, (1)

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he says: "We economists speculate little on human motives. We are not curious about the great basis of fact which dynamic and behaviouristic psychology has gathered to illustrate the instinct stimulus to human activity. Most of us are not interested to think of what a psychologically full or satisfying life is. . . . Our economic literature shows that we are but rarely curious to know whether industrialism is suited to man's inherited nature, or what man in turn will do to our rules of economic conduct in case these rules are repressive". When human motives are isolated, described, and compared, such phenomena as business confidence, the release of work energy, the decay of workmanship, decline in the thrift habit, and labour unrest may be analyzed with some intelligence. But the careless *a priori* deductions touching human nature which still dominate our orthodox texts must be discarded. As a substitute for the orthodox and vague concept of human nature Parker gives a list of "some sixteen instinct unit characters which are present under the labourer's blouse and insistently demand the same gratification that is, with painful care, planned for the college student".

In his analysis of the I. W. W. Parker (3) shows that thwarting these instincts and condemning the worker to a life of limited happiness, restricted personal development, and desolation when sick, brings about a state of mind which amounts to an industrial psychosis. He says the I. W. W. is purely a symptom, and can be "profitably viewed only as a psychological by-product of the neglected children of industrial America". In other words we must treat these "mentally insanitary" conditions not only by shortening hours and increasing pay, but by so educating the children that they will be able to use their time off in ways that give constructive satisfaction to the instinctive cravings we all have for gregariousness, productiveness, motherliness, exercise of initiative, acquisition, ostentation, etc.

Other economists are taking up a similar point of view: Taussig (4) has shown that the pay envelope is not a satisfactory motive for work—other satisfactions are equally or more important. Irving Fisher (5) looks forward to the day when we will have a truer understanding of the nature of human freedom, saying: "What we liberty lovers are really groping for is, apparently, not to do as we think we please, but to do what will actually please us after it is done; that is, to satisfy fairly well all the great fundamental human instincts, of which there are many besides the instinct of self-preservation or of making a living. The workman not only longs for more pay, but he hungers and thirsts for other things which he cannot formulate, because so largely unconscious". Tead (6) sounds the same note in his discussion of labour unrest, saying that a considerable part of it is really pathological and "might be called a definite industrial psychosis". Veblen, Wolf, and others are writing

in a similar strain. So it appears that the economists are becoming psychiatrists and are showing the way to the physician. If the physician is to take his rightful place in developing the mental hygiene of industry he must forget orthodox psychiatry (as the economist seems to be forgetting cut and dried political economy) and interest himself in a dynamic, individual psychology which recognizes the essentials of human nature and at last begins to analyze for us the elements of which human nature really consists, looking on each case as a human experiment in reaction to environment.

Sarah Murphy, aged 43, Catholic, a fur sewer in a department store in Boston, comes into the out-patient department of the Massachusetts General Hospital complaining of pain and numbness of her right hand. She goes to the medical, neurological, and industrial clinics, and after several visits acquires the diagnosis of "Occupational Neurosis". The social service department then takes her in hand, and finds out that the numbness of her hand began at about the time her oldest son went to France. Just previous to his departure he had married a Protestant girl, and because of his mother's antagonism to the match, the ceremony had been secretly performed in a Protestant church and the mother had not been informed until afterwards. The patient was in the habit of getting breakfast and supper for her other two sons whom she was educating in technical schools. Beside this she worked all day at the store. On Sundays she was too tired to do anything, but dragged herself to church as a duty. It was found possible to send her away for a two weeks' rest, a scholarship was procured for one son, and a job for the other whereby he was enabled to pay for his own tuition. With this relief, and a superficial explanation that her trouble was due to work and worry, a cure was brought about.

Any one interested in the psychogenesis of mental breakdowns can easily see the mechanism: the emotional shock of the older son's marriage taking the joy out of the mother's life; the feeling of self-pity arising from her long hours of work, the feeling that the situation was intolerable, and the inability to face this situation, all finally tended to bring about the hysterical escape through the development of her symptoms. This is exactly the mechanism we have become so familiar with in the war neurosis. And if the department store physician had been interested in psychiatric problems, a half hour's interview, a visit or two of the nurse to the home, and the cure would have been brought about expeditiously without recourse to the necessarily slow and cumbersome diagnostic machine of a great hospital; and both the store and the patient would have been saved some weeks of work. Such cases can be found everywhere, our wards and dispensaries are full of patients to whom the doctors apply long meaningless labels—"neurasthenia",

"psychasthenia", "psychoneurosis"—and for whom they do little. By an investigation of the patient's personal problems, an understanding of the usual reactions of the human being, and by simple help in readjusting the patient to the environment, a great deal can be done.

It is not only the cases of illness that should be attacked in this way. Many people with similar unbearable situations do not develop the usual symptoms that we recognize as illness. They merely become inefficient, restless, wander away from their jobs, or become radicals and bolshevists (7). Peabody (8) and his collaborators found an interesting example of this in the cases of Effort Syndrome studied at U.S.A. General Hospital No. 9. A striking number of the histories showed that in civil life these men drifted from one employment to another, never breaking down enough to consult a physician, but adding their number to the shifting, inefficient labour element so costly to employers. It took the rigour of army life, with no possibility of escape by moving on, to bring out their symptoms. Before these people have left their work or have been fired for inefficiency, they should be interviewed by someone competent to understand them and their probable troubles. At such times advice from a physician, the loan of some money, a visit to a sick child or wife, or any of the thousand possible personal and individual aids, might save the worker from becoming soured, keep him from joining the ranks of the discontented, and prevent the development of a litigant and paranoid personality. Employment managers are beginning to recognize these facts and are using various methods to alleviate the troubles: one firm employs a lawyer especially to watch the loan sharks and help out employees in financial difficulty. Others keep man-record charts (9) and watch carefully the workers' efficiency. Too often this is merely for purposes of sizing up the employee, but one firm has shown that frequently a drop in a man's efficiency can be traced to personal difficulties of a nature that can be helped.

So we get back to the necessity of understanding human nature and of giving to the fundamental human cravings an outlet. The instinct of self-preservation is partially satisfied with the pay envelope; welfare work helps to make possible satisfaction of the instinct of home-building; but with our present industrial system it is harder to see how the cravings for self-assertion, creation, excitement, and the like can be met. The atmosphere created by the division of labour and scientific management is repressive to all these instincts—the man may develop a feeling of inferiority, and unless given some outlet he will become discontented and get satisfaction through striking, drinking or other abnormal sublimation. These are mental problems and must be so looked upon by physicians interested in mental hygiene, but the whole problem is so

complex that at present most industrial physicians will consider it more expedient to watch for the psychotic symptoms to appear in individuals and then do their best to treat them sympathetically in the light of their knowledge of industrial psychology.

The recent work done in the personnel department of the army has awakened wide interest in the possibility of applying mental tests to applicants for industrial positions. The ultimate aim is to fit the job to the man so well that discontent will be minimized and labour turnover reduced. Ball (10) advocates the establishment of laboratories for the thorough medical and psychological examination of all employees; he believes that in this way men can be fitted immediately to the right occupation, without the costly experiment of trial. Although his paper reads well, it is not convincing and the methods advocated seem generally impracticable. In the army work, however, the psychologists certainly showed that they could pick out the capable men by comparatively short group tests, and Ball gives outlines of similar tests. In a more restricted way mental tests have been applied in industry for some years. Jaques (11) had excellent results in choosing typists and stenographers for certain types of work by psychological tests, and the results of these tests correlated well with the output later shown by these employees. Lamb (12) also reports success in gaining better judgment for selection and placement of employees by intelligence tests. On the other hand, Kelly (13) exposes some fallacies of the army rating system, especially in its application to industry. Strictly speaking, these tests have psychiatric interest only when used for the detection of subnormal individuals, but they seem to be of value from the prophylactic standpoint in reducing misfits in the shops—and mal-adaptation to environment is the basis for many mental breakdowns. In the present state of our knowledge perhaps Johnson's (14) suggestion is the best: he recommends that factory training departments be installed in all plants as testing places for applicants for factory work. And he claims that by thus eliminating incompetent and unqualified candidates the morale of the departments is kept at a higher level and labour turnover is decreased.

Fatigue is another subject that comes into the field of industrial psychiatry. A great deal of work has been done by physiologists on neuro-muscular fatigue, and by the psychologists on mental fatigue. Spaeth (15) has recently reviewed the whole subject thoroughly and brought the two points of view together. Though a biological physiologist, he has given the psychological element in fatigue its just due. He states that laboratory subjects and industrial subjects are absolutely incomparable units. He uses the term "industrial fatigue" for the daily and weekly weariness resulting from industrial work, and suggests

the term "industrial psychoneurosis" for the "gradually accumulating fatigue of the over-driven industrial worker". Overwork, however, is not the fundamental cause of neurosis or psychoneurosis. These disorders are fundamentally emotional breakdowns due to lack of satisfaction with life, so the theory that the etiology is "gradually accumulating fatigue" is untenable. The symptoms may simulate fatigue, but neuro-muscular fatigue is cured by simple rest, and these conditions are not. "Industrial psychoneurosis" are simply neurosis with an occupational colouring due to the work in which the individual happens to be engaged.

The mechanism of such a neurosis is typically something like this: An individual is in an intolerable situation which he is constitutionally unable to dominate; the reaction of a neurosis sets in with depression of spirits, irritability, preoccupation, self-pity, etc., but a conventional cause for the decreased efficiency must be found to rationalize the situation, so the individual calls it overwork. Obviously with this idea of overwork in mind the symptom usually acquired is fatigue or asthenia, but frequently symptoms more closely associated with the work are developed, such as paralysis of parts of the body necessary for work, muscular pains making work impossible, tremors, or even epileptiform seizures. The case quoted above is an example of emotional breakdown from personal causes taking on an occupational symptomatology. The work may have determined the form of the symptoms but there is no evidence that it had much to do with the development of the trouble. Work may, of course, be an etiological factor, but not through so simple a mechanism as accumulated fatigue. Work that represses emotional cravings often brings out neurosis, just as satisfactory work is the greatest curative agent we have for these conditions. Let us no longer fool ourselves into thinking that overwork, *per se*, is the cause of mental breakdown.

To sum up, the problems of industrial psychiatry are:

A. Prophylaxis of mental breakdowns by adapting the worker to his environments, and eliminating causes of discontent.

B. Treating psychiatric cases when they arise in a rational way according to the facts of each case, and considering as psychiatric phenomena many forms of behaviour that until recently have been given unsympathetic names, e.g., "the groucher", "the kicker", "the trouble maker", and "the hobo".

As conditions are at present, a reasonable application of psychiatry to industry would seem to be the following:

1. Physical examination of all applicants for work.
2. Mental examination by (a) a period of training and observation, or (b) through mental tests.

3. Keeping in personal touch with employees' individual problems by means of (a) good foremen, (b) a system for watching individual efficiency, or (c) a sympathetic staff with a psychiatric point of view in the employment management office, thus salvaging the men who might otherwise be fired.

4. Training the industrial physician to a knowledge of how human nature is constituted, not in conventional terms, but in the light of a dynamic and living psychology that considers the behaviour of human beings in terms of instinctive sources of energy, integrated into motives, these motives needing outlet through energy transformation into *satisfactory* activity.

BIBLIOGRAPHY

1. Parker, C.H.: Am. Econ. Rev., 1918, Supplement to, **8**, 212.
 2. Marot, H.: Creative Impulse in Industry, New York, 1918.
 3. Parker, C. H.: Atlantic Monthly, 1917, **120**, 651.
 4. Taussig, F. W.: Inventors and Money Makers, New York, 1915.
 5. Fisher, I.: Am. Econ. Rev., 1919, **9**, 17.
 6. Tead, O.: Instincts and Industry, Boston, 1918.
 7. Field, F. L.: Ind. Management, 1919, **58**, 75.
 8. Peabody, F. W.: Personal communication.
 9. Gantt, H. L.: Ind. Management, 1919, **58**, 89.
 10. Ball, J. D.: Am. Jour. Insan., 1919, **75**, 521.
 11. Jaques, M. P.: Ind. Management, 1919, **58**, 145.
 12. Lamb, J. P.: Ind. Management, 1919, **58**, 21.
 13. Kelly, R. W.: Ind. Management, 1919, **58**, 35.
 14. Johnson, J. F.: Ind. Management, 1919, **58**, 110.
 15. Spaeth, R. A.: THIS JOURNAL, 1919, **1**, 22.
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MENTAL TESTS IN PRACTICE*

BY A. G. MORPHY, B.A., M.D.

Montreal

THE measurement of intelligence is difficult, because it is the attempted estimation either qualitatively or quantitatively of something not easily defined, of which our conceptions are more or less vague. We may try to define it by resolving it into component parts as we conceive them, or by considering it as the outcome of the harmonious working of various mental processes. Among the latter are included sensations, perceptions, records of past experiences, projected combinations of elements of visual and auditory imagery, comparisons of these elements of thought with one another and conclusions made therefrom. All these lie under the directing power of attention, and are influenced to a variable and unknown extent by emotion. Binet's method of trying to define intelligence was to make tentative assumptions as to its nature and try these out with tests. Terman, in his revision of Binet's tests, quotes Binet as having ascribed three characteristics to the thought process or summation of processes called intelligence, namely, the tendency of a thought process to take and maintain a definite direction, the capacity to make adaptations to attain the desired end, and the power of auto-criticism. But Binet was too broad in his ideas to limit himself to any single conception of intelligence, and accordingly designed his tests to turn the spotlight on the unknown quantity from many angles in order to estimate the strength, scope and readiness of various results of the thought processes. These, more or less different from one another, were specified as constructive imagination, time orientation, three or four kinds of memory, apperception, language comprehension, ability to compare concepts and see contradictions, ability to combine fragments of thought into a unitary whole, and ability to comprehend abstract terms and to meet novel situations.

Various tests for the measurement of intelligence have been devised, but the Binet-Simon scale (Stanford Revision) is generally admitted to be the best. It must be understood that Binet did not claim his scale to be a test either of the entire mentality, or of sanity and insanity, nor a test of the special adaptation of the mind to any field of thought, nor a test of the emotions, nor of moral delinquency; consequently any criticism of the scale must be directed to the scale in relation to that for which it was devised and nothing else.

Let us now look over some of the tests with an eye to their value in estimating different thought mechanisms.

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Giving differences from memory—"What is the difference between a fly and a butterfly?" and two other similar questions. The test is one of judgment based on comparison of perceptions, with special regard to appreciation of essential differences. It is one of native intelligence, quite apart from school training.

Repeating digits backwards; a test of ability to manipulate mental imagery.

Ball and field test: A test of practical judgment, not depending so much on abstract reasoning and comprehension of language as other tests. In giving this test, I have been particularly impressed with the poor attempts made by feeble-minded subjects even of adult age to trace out a path sure to find the ball. Their minds either do not seem to grasp the problem, or else fail to find an effective solution of it.

Similarities: "In what way are wood and coal alike," "an apple and a peach," "iron and silver"? This test is one of the hardest for the feeble-minded, and in practice I have found it more difficult than the test for differences; in fact, the most frequent failure when any answer is given, is to give a difference instead of a resemblance. The higher thinking process is at fault, and the test is not influenced by school training.

Detecting absurdities: This test is little influenced by schooling; ideas are compared with one another and the critical faculty is brought into play. A most valuable test for the higher grades of mental deficiency.

Reading test and recalling sight memories, that is, recalling sight ideas from sentences read. The chief value of this test is the opportunity afforded the examiner of judging the subject's power of comprehension of what he is reading during the time of reading and his power of recall of ideas. That the test is largely dependent on schooling is undeniable.

Naming sixty words in three minutes: Terman claims that this tests power and rapidity of association and discloses poverty of associations in retarded subjects. "Language forms are the shorthand of thought." But there is no doubt that schooling through continual use of words used in different studies plays a large part in success in this test.

Abstract words as, "pity", "envy", "revenge", "charity", "justice". Comprehension of the meaning of such abstract words involves higher thought processes, namely the association and comparison of concepts of qualities common to groups of previous experiences. Terman says, "There is hardly any test in which twelve and fourteen year old intelligence more uniformly excels nine and ten year old intelligence."

Interpretation of fables is a test of generalization, of ability to understand underlying motives. It can easily be imagined how frequently feeble-minded or backward children would fail in this test, especially

moral delinquents. A mind of certain standard or above it has the power of generalizing from concrete instances, no matter whether schooled or not. It is a matter of common knowledge how many shrewd people there are in this world who have had very little school and no college training, but whose sagacity is proverbial. In common parlance, they can see through a stone wall or round a corner. Not only have they a vigorous power of generalizing from concrete instances, but they have that somewhat vague (to men at least) quality of mind called intuition which seems to be a rapid summing up and comparison of concepts summoned from unrealized depths with conclusions drawn therefrom. On the other hand, there are many people of higher education—but let us not unveil the converse. “Much learning hath made thee mad”. Surely, if any mental test deserves to be ranked as one of the best in estimating general intelligence, the fable test is that one.

In reversing the hands of the clock and in the box test, success depends upon the power of manipulating visual imagery. Using the code requires close attention and steadiness of purpose, what may be described as dynamic form of mental power and may be open to criticism as a test of general intelligence because this particular application of mental energy may easily be improved by practice.

The tests for superior adults need not be considered here. Anyone, however, who may wish to have an half-hour's entertainment, can have it gratis and seated comfortably at home by putting himself through them, the only condition being that he shall examine and judge fairly.

A review of these few tests cited at random from the scale will, I think, show that each test fulfils the purpose for which it was designed; and the same holds with regard to the remainder of the tests, although it is admitted that the tests have not equal value. Binet himself is alleged to have considered certain tests more diagnostic of intelligence than others, namely, the following six:

- Arranging weights.
- Comprehending difficult questions.
- Using three given words in a sentence.
- Defining abstract terms.
- Interpreting pictures.
- Giving rhymes.

It is noticeable that no memory tests are included in this list.

Brigham, in his article on the diagnostic value of the Binet tests, gives results of investigations with regard to the relative value of different tests. He gave the tests to two groups of school children, one of which had progressed only half as far in school as the other, and was presumably composed of less intelligent children. The briefest possible summary of his results may be given as follows:

<i>Test</i>	<i>Percentage passed by Normal</i>	<i>Percentage passed by Retarded</i>
Repeating five digits.....	100	98
Using three words in a sentence.....	79	56
Comprehending difficult questions.....	70	20
Detecting absurdities in statements.....	95	42
Defining abstract terms.....	59	8
Reconstructing dissected sentences.....	100	29

Brigham concludes that the diagnostic value of six tests, namely, comprehending difficult questions, reconstructing dissected sentences, detecting absurdities, defining in terms superior to use, defining abstract terms and solving problems, is high, while on the other hand, certain memory tests, descriptions of pictures, counting stamps, and other similar tests are of low diagnostic value.

Many criticisms of the Binet and other methods of measuring intelligence have been made not only on general grounds, but with particular reference to details.

Porteous, for instance, assuming that there is a marked correlation between character and intelligence and that both should be measured, declares that a child displaying heedlessness, carelessness, inability to allow thought to precede action and of infirm temperament, may be glib tongued, quick-witted, and may appear brilliant as regards educational attainments with good record in school examinations and Binet and Simon tests. So he designed his maze tests in the endeavour to test the qualities of prudence, foresight, and ingenuity.

Higgins says that psychologists are beginning to believe more in performance tests with cubes, cylinders, etc., and that it is surprising how frequently a high grade moron shows mature judgment in dealing with generalities but is at sea in their practical application. He finds the value of the Binet scale greatly enhanced by the Stanford Revision, but questions its value in detecting the high grade moron.

Fernald contends that the Binet test does not register as defective certain persons who present plain evidence of mental defect in their personal history, school history, performance, etc.

In answer to the above opinions, it may be said that as yet no better scale has been devised, and that the results of mental tests should be interpreted in the light of all other data, such as physical health, social condition, language, conduct.

Binet's principle of grading intelligence according to age has been assailed on the ground that it assumes unjustly that intelligence is correlated with age, and that the individual tests correlate with both intelligence and age. In reply it may be said that while it may be granted

that intelligence does not grow at precisely the same rate in all children any more than their physical stature does, it is many-sided, growing unequally in different respects to a limited extent and that the elasticity of the Binet scale permits it to cover these inequalities and strike a series of averages. I think it may be safely assumed that the individual tests are correlated with intelligence, and as regards their correlation with age we cannot do better at present than to accept Terman's conclusions based on averages drawn from tests of two thousand children.

Binet's "all-or-none" method of counting has also come in for serious criticism, and superiority for the Yerkes-Bridge point scale in this respect has been claimed. The latter may be described as a series of tests arranged roughly in order of difficulty but not divided into age groups, and to each test a certain value in points is attached, the sum of values being 100. The final score is compared with a "norm" which is a variable quantity, allowance being made for environment, training, etc. It is difficult to see how reference to age can be avoided, and it would seem that the method of recording partial successes is more accurate than the "all-or-none" method. But it may be said in reply that Binet uses the method of partial scoring by using the same test in different grades of difficulty at different ages, for instance, memory, interpretation of pictures, weight discrimination.

Binet's method of finding the mental age is confessedly arbitrary, but it a practical and easy method, whatever its faults, and must stand until a better is devised. Details need not be given here, as a complete description is given in Terman's book on the Stanford Revision.

Any test may be unjustly criticised, the real fault lying with the examiners. An examiner needs the following qualifications: familiarity with directions for giving tests and with the rules for interpreting responses, ability to adapt procedure in testing to special instances and to adapt himself in attitude to the mental level of children of different ages in order to obtain their best efforts, and a general appreciation of the necessity of adhering strictly to all rules of testing and of careful work.

Finally it must be borne in mind that any measuring scale is in fact only a convention adopted for practical purposes and should only be used in connection with a complete study of each case, including all obtainable data, medical, educational, and social.

The association of moral delinquency with mental defect can only be mentioned here and not discussed. Pratt, of Toronto University, reporting conclusions drawn from results of clinical studies of nearly 1,500 pupils in the public schools and of several hundred children examined in the Toronto General Hospital, says: "I think the tests are invaluable for the purpose for which they were constructed. If it is understood that their function is limited and they are not pressed into service

for which they were never intended, they can be of great practical aid in psychological investigations. The tests are almost unerring in diagnosing the class of the definitely feeble-minded and distinguishing them from normal children. The fact that they are so little dependent upon technical school training and are designed to appeal to the ordinary common sense and practical intelligence of a child, accounts for their utility. They furnish a definite percentage (I.Q.) which can be used when, for example, the Judge of the Juvenile Court asks for exact information about the delinquent's mentality. Where the tests are lacking is on the emotional and moral side. They need to be supplemented by social data derived from the home, the playground, and the family history. They are not tests of insanity or criminality as such, but are of great value when in addition to the above abnormalities mental defect is disclosed. I think that any investigation into the correlation between mental defect and moral delinquency must be based upon a thorough and scientific use of such tests as the revised and developed form of Binet and Simon."

BIBLIOGRAPHY

- BRIGHAM.—"Psychological Monographs," Vol. xxiv, 1917.
PORTEUS.—*Jour. Ed. Psychology*, Jan., 1918.
FERNALD.—Quoted by Brigham.
YERKES-BRIDGES.—"A Point Scale for Measuring Mental Ability."
HIGGINS.—*J. A. M. A.*, Jan. 12, 1918.
YERMAN.—"The Measurement of Intelligence."
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SURVEY OF GUELPH PUBLIC SCHOOLS

IN October, 1919, at the request of the Guelph Public School Board, Dr. C. K. Clarke and Dr. C. M. Hincks, of the Canadian National Committee for Mental Hygiene, made a survey of the Guelph Public Schools. The following report was sent to the chairman of the Public School Board in Guelph:—

As requested by the Guelph Public School Board, the Canadian National Committee for Mental Hygiene undertook a survey of the Guelph Public Schools on October 20th, 1919, with the view of determining the number of subnormal children in attendance.

When the Committee made this survey it hoped to be in a position to bring forward recommendations of a practical nature dealing with the problem from a constructive point of view. It goes almost without saying that at the present time Public School Boards are greatly hampered by the fact that no Provincial machinery has been devised to deal with the situation unless the Auxiliary Class Act be cited as an attempt to give material help.

Guelph being situated in one of the admittedly good centres of Ontario we might expect that the children in this community would prove of especially good type, and as a matter of fact they measure up to the best standards found in such localities. At the same time, the proportion of children met whose intelligence quotient falls below 75% is by no means small, and it is a true saying that as long as the endeavour is made to treat the individuals coming in this category by the methods at present employed, nothing but failure can result.

In making an analysis of the cases submitted for examination, we would state that no less than 183 pupils were submitted to us for mental tests, etc. Of these 40 were not considered as requiring more attention than could be given to them under ordinary circumstances, if the other pupils who require special attention were removed from the classes. Thirty-eight were apparently of average mentality but who require special attention for reasons stated in other parts of the report. Twenty-seven were backward pupils in the true sense, and require more attention than is ordinarily given in the general class. The important fact gleaned, though, was that no less than 3.34% of the whole public school population of Guelph (2,245 pupils) had an Intelligence Quotient of 75% or less, and require special treatment in industrial classes to be referred to when discussing this whole question. This percentage is about the same as found in the majority of schools we have investigated in different parts of Canada. It is in the interests of these pupils, as well as in the interests of the whole school population, that they should be studied with the greatest care. Not only that, they must be regarded

as seventy-eight individuals who present a problem of importance to the whole community. It may be urged, why direct more attention and care to the mentally handicapped than to the brighter pupils? but when it is remembered that it is the duty of the State to provide every child with an education best suited to its needs, these children must be considered. These particular pupils, if left to themselves, become a care to the State, are often made anti-social and criminal through neglect, and are a serious menace to society. If carefully educated along the best known lines many may become fairly useful and self-sustaining citizens although never reaching a high plane of intelligence. It is only too apparent that the organization of the ordinary classes was not intended to meet their needs and unless their cases are studied sensibly and prescribed for properly, they do more harm than good in school classes. Naturally they receive little or no attention; their course through the school is punctuated by failure and criticism; they interest nobody; they are not interested themselves, and soon arrive at the stage of complete indifference and discouragement. How different the picture when treatment is provided, and if Guelph did nothing more than institute two industrial classes under the direction of properly trained teachers, the results would be so gratifying that the School Board would not rest until it had established at least four classes of fifteen pupils each.

A brief analysis of these facts makes it evident that practical methods of meeting the situation should be developed.

The first duty is to settle on a policy likely to bring the best results. Taking it for granted that our survey has unearthed many important generalities regarding the subnormal children in the schools, and that we have made a fairly accurate estimate of the members, it by no means follows that in such investigation, it has been found possible to prescribe the best treatment for each individual. That can be determined by further investigation, and we can only lay out in a general way the lines it would be best to follow. About the lowest grades of feeble-minded children, there can be no difference of opinion. The number in the schools is small, and for them institutional care is probably advisable. It is a different question, however, with the few children of psychopathic type who should be removed at once and given the prolonged outdoor treatment so necessary to enable them to cope with lions waiting in their path. Most of these children have already developed dementia praecox or are showing manifestations of this dread disease. Whatever the treatment may be, their presence in the school room should not be permitted.

With the group measuring high—if judged by standards of intelligence—and yet doing badly in class, a definite policy of individual

study should be undertaken with a view to determining whether the fault rests with pupil or teacher. To a certain extent this problem can be solved by the principals of the schools. It frequently happens that certain children of more than average ability, but of sensitive disposition, find that they are out of sympathy with their teachers and fail to react to appeals made to them. Such children require careful treatment to get the best results, and it is here the teacher with the greatest power of making a good psycho-analysis succeeds. After all, any survey of a school should include a careful scrutiny of those who are entrusted with the mental development of the children committed to their care. A poor teacher is often in a position to make or mar a child of high mentality but high strung nervous type.

With the children showing an intelligence quotient of 75% and under, the problem should at once pass into the hands of teachers specially trained to deal with undeveloped individuals. These teachers should be advised by a psychiatrist of experience, and he in turn should have the assistance of a specially trained nurse who would make the home investigations, the studies of the parents, the environment, etc., and collect all facts bearing on the case.

RECOMMENDATIONS

Bearing the foregoing facts in mind, we would make the following recommendations:

The establishment at once of two industrial classes for the mentally handicapped.

Each class should provide for fifteen pupils selected from the list furnished as a result of the survey.

The first class established should be under the guidance of a teacher who has had the training necessary to enable her to follow approved lines of industrial development. The success or failure of this work will depend largely on the personality and knowledge of the first appointment. If the teacher is of the right type, she will be able to instruct other teachers and thus guarantee the success of the classes instituted.

The Canadian National Committee for Mental Hygiene will be pleased to co-operate with the School Board in selecting a properly qualified teacher.

When these classes are instituted, the Board should bear in mind that at least four industrial classes will be required to meet the needs of the present school population.

The part time services of a psychiatrist, well trained in school work, should be secured. He would study each child recommended for an industrial class and map out the line of development to be followed by the teacher. At first two days a month would enable a psychiatrist to cover the work satisfactorily.

Our opinion is that the Provincial Department of Education should be asked to contribute a proportion of the salary of the psychiatrist. If this recommendation is approved, the Canadian National Committee for Mental Hygiene will be pleased to interview the Minister of Education regarding this matter.

The curriculum of the industrial classes should comprise formal or academic work, handiwork, games, gymnastics, etc. The endeavour should be made to develop each child to the limit of his capacity and train him in healthy, physical, mental and moral habits.

The foregoing recommendations are made as the result of the following facts:

In cities that have adopted the industrial class system it has been observed that:

- (1) More rapid progress had been made by pupils in the regular classes because of the absence of defectives.
- (2) Marked decrease in delinquency among defectives as a result of special training. (In Vancouver truancy among defectives in industrial classes has practically ceased to exist.)
- (3) Improvement of the morals of children in regular classes, because they are freed from the danger of contamination by certain types of defectives.
- (4) A proportion of children trained in industrial classes can, on gradation, succeed in the general community under supervision, in this way ceasing to become a menace to society and imposing an unnecessary burden on the municipality.
- (5) A great saving of public funds. Although the cost per pupil in an industrial class is greater than that of one in the regular classes, nevertheless the cost entailed is much cheaper than institutional care and is an important factor in increasing general efficiency of the school system.
- (6) The removal of the mentally handicapped from the general classes will give teachers of regular classes opportunity to devote the attention necessary to achieve results, to normal pupils who are retarded simply as a result of illness, unfavourable environment, etc.

The Canadian National Committee for Mental Hygiene beg to acknowledge the great courtesy and kindness extended by the Public School Board of Guelph to them while making their survey, and trust that the interest shown in the work will eventuate in developments which will place Guelph on the list of advanced school cities.

Appended will be found the analysis of the 183 pupils examined.

SUMMARY

Total pupils examined.....	183
“ “ “ in ordinary classes.....	78—42.62%
“ “ “ “ industrial “	78—42.62%
“ “ “ “ backward “	27—14.75%
Backward pupils.....	27
Average mentality but requiring special attention.....	38
Not considered as requiring special attention.....	40

MENTAL HYGIENE AND THE BABY WELFARE EXHIBIT AT HALIFAX

BY MISS I. N. COLE

WHEN the Baby Welfare Committee of Montreal decided, in response to a request from Halifax, to send their exhibit to that city early in November, it was thought to be an opportune moment to send the Mental Hygiene Exhibit. This was done, the writer going in charge of it and also taking charge of the Social Hygiene Exhibit sent by the Local Council of Women of Montréal, as the two subjects are so closely related. The material on these two subjects made three very interesting booths which were prominently displayed and attracted much attention.

The connection between mental and social hygiene and baby welfare was strongly emphasized not only in the demonstrations in the booths, but in the eighteen addresses given by the writer during the twelve days' campaign. The ground was taken that it was of little use to agitate for pure milk, fresh air, better housing conditions, etc., while we continued to allow so many babies to enter the world handicapped by feeble-mindedness and often infected with venereal disease.

That this was a phase of baby welfare little thought of before, was brought out by the many comments heard and by the eagerness of the public to hear more on the subjects of mental and social hygiene in their various phases. Seldom has such enthusiastic interest been seen.

In addition to the regular lecture programme carried out at Trinity Hall, where the Exhibit was held, most of the clubs and other organizations in the city invited the writer and others to address them. Among these were the Progressive, Rotary, Fortnightly Clubs, the W.C.T.U., I.O.D.E., Y.W.C.A., Y.M.C.A., Board of Directors of the Halifax Dispensary, Graduate Nurses Association and the Victorian Order of Nurses. The writer also gave three addresses at Dalhousie College and it was most gratifying to see the keen interest of the students in mental and social hygiene.

Perhaps one of the most interesting groups addressed was that at the Commercial Club Luncheon where, under the caption of "Making the Baby Fit for the World", the writer had the privilege of speaking to the nearly two hundred men assembled on mental deficiency, venereal disease and the double standard of morals, showing their relation to baby welfare.

Several opportunities were also afforded to speak to mothers on the question of sex hygiene, the necessity of teaching children early the

sacred facts of life, and methods by which such instruction could be given. These talks seemed to be very much appreciated.

His Honour, Lieut.-Governor Grant gave the Conference his sympathetic and active support and presided over a very important meeting held at Government House. At this meeting, after Judge Wallace had spoken on "Better Housing, Better Babies", Dr. John Cameron, of Dalhousie University, gave a most enlightening address on "Eugenics", while Dr. B. Franklin Royer, Executive Officer, Massachusetts-Halifax Health Commission, spoke on "The Peril of Venereal Disease". The last-named speaker also spoke on "The Influence of Unfit Marriages on Babies" before the Ministerial Association and before the Archbishop and pastors of the Roman Catholic Church.

Another special meeting of great interest was that held in the Province Building by invitation of the Premier of the Province, the Hon. G. H. Murray. Here, Col. John Amyot, Deputy Minister of the Federal Department of Health, Ottawa, spoke on "Babies, the Nation's Promise", laying special emphasis on the subject of venereal disease. Dr. J. D. Paget, Chief Medical Officer of the Port of Quebec, spoke on "Mental Hygiene". Dr. Royer spoke most convincingly on Health Centres and their value to the community, while Dr. W. H. Hattie, Provincial Health Officer, ably opened the discussion.

The Conference and Exhibit, as a whole, was a great success. In addition to the mental and social hygiene booths and the three splendid booths sent by the Baby Welfare Committee of Montreal, there were ten booths, prepared by Halifax organizations, containing graphic exhibits on different phases of health. The programme of lectures and moving pictures could not well be excelled and was splendidly carried out. The whole project was one that Halifax and Nova Scotia may well be proud of, as it was the verdict of those who had attended such exhibits for years, that they had never seen one as good.

The Local Council of Women, with the co-operation of other organizations, took the responsibility of holding this Exhibit and one cannot speak too enthusiastically of the splendid committee of women under the leadership of Mrs. William Dennis, who had the work in charge, nor of the men associated with them, notably Dr. Hattie and Dr. Royer, who were untiring in their efforts and contributed so much to the programme. Doctors, nurses, and social workers of Halifax also gave generously of their time and energy both in the booths and on the lecture platform, while from all over the Province men and women gladly responded by coming to give most valuable and practical lectures on the many sides of the question of Health.

One must not overlook the educational moving pictures shown each morning to four hundred school children and accompanied by splendid

talks given by Miss L. N. Drew, the expert Health Centre worker sent by the Baby Welfare Committee of Montreal. These in themselves were worth all the time and money spent on the Exhibit.

That the Conference was productive of much good is seen by the fact that the public is fully aroused to the necessity of the immediate establishment of a psychiatric clinic in Halifax, while the Local Council of Women and other organizations feel encouraged to again make a united effort to secure appropriation from the legislature this coming session for the establishment of a school for feeble-minded. The little I.O.D.E. Home for Feeble-minded is an admirable institution, but will accommodate only about a dozen children. It is to be hoped that this may be used as a nucleus for a larger institution.

Another project now under way is the creating of a Department of Public Health at Dalhousie University.

With the keen interest shown throughout Nova Scotia, it seems as though it would not be long before that Province will be leading us in the great question of Health, both physical and mental.

ABSTRACTS

STATE HOSPITAL STATISTICS

Horatio M. Pollock, statistician of the New York State Hospitals Commission, and Edith M. Furbush, statistician for the National Committee of Mental Hygiene, have recently published statistics relating to the mental institutions in the United States. The figures are based on the returns of January 1, 1918. The daily average population of all the state hospitals for the insane in the United States was given as 211,916. The total cost of maintenance for the fiscal year 1917 was \$43,926,888, which is a per capita cost of \$207.28. There is a table showing the increase of patients in institutions from January 1, 1910, to January 1, 1918, compared with the increase of general population. In the whole United States the increase of patients, during the seven years was 52,029 or 27.7 per cent. while the percentage of increase of general population was only 13.6; in other words the state hospital population increased twice as fast as the general population. The compilers also state that the marked increase of insane in institutions is due in most states to the additional provision for their care. On the first of January, 1918, there were 125,919 men patients in State hospitals and only 113,901 women patients. The relative percentage of population of the sexes in these institutions had shifted very little during the last eight years.

OCCUPATIONAL AND INDUSTRIAL THERAPY FOR THE INSANE

The extension and improvement of occupational and industrial therapy in the treatment of the insane should receive more adequate attention, says the "Boston Medical and Surgical Journal". A pamphlet by L. Vernon Briggs, M.D., reviews the research work in this field which has been reported in medical literature, and surveys the occupational work being done in our schools and hospitals at the present time. It is interesting to observe the policy toward the insane in the middle of the nineteenth century, as compared with the attitude which is taken toward this class of sufferers to-day. Then, such methods as the straight waistcoat, the tranquillizing chair, the deprivation of customary pleasant food, the "pouring of cold water under the coat so that it descended to the armpits" were some of the methods to which physicians resorted.

One physician of this time, however, disagreed with these modes of coercion and advocated bodily labour as one of the measures necessary for the moral treatment of the insane. Dr. Amariah Brigham, superintendent of the Utica Asylum, recommended that workshops where

dressmaking, tailoring, basket-making, and other industries could be taught should be connected with institutions. For some patients, he believed that mental training would be beneficial, and that reading, drawing, music, arithmetic, natural sciences, and other studies could be taught with good results. In 1847, he advanced his theories against the prevailing views on coercive treatment of the insane saying that he believed that employment in order to benefit the patient should be for its own sake and separated from the idea of gain. He organized an asylum school, and introduced great variety of occupational instruction; he established a whittling shop, a printing office, and other industries in connection with his institution. These schools were a part of the hospital routine.

The author of this pamphlet believes it probable that except for the addition of gymnastics and dancing, and the development of the more strictly artistic handicrafts, little has been devised in any State hospitals in this country since Dr. Brigham's day for the diversion and occupation of patients. Would it not be advantageous, perhaps, to put these matters, still under medical direction, into the hands of educators trained in the knowledge of occupational therapeutics? Compared with progress which has been made in the fields of therapeutic occupation for the blind, the crippled, and other handicapped individuals, therapeutic occupation for the mentally ill has not received the impetus which it should have received. A comparison of statistics covering the work of a purely therapeutic nature shows little increase in the past two years. Although ward and farm work has increased, this is probably due to economic reasons rather than therapeutic application of this work to individual needs.

In order to make it possible to have all the patients working, an adequate hospital force is one of the first requisites. In addition to expert teachers, a corps of instructors among the nurses, who had taken a course in therapeutic occupation in the training school, would be of valuable assistance in studying the needs of patients. A careful study made last year by the Massachusetts State Board of Insanity of the working capacities of the State institutions under their care shows that they had on June 1, 1916, a total of 17,683 patients, and that the working capacities of the institutions could have provided employment of some sort for 92.54 per cent. of the patients. On that date, 72.66 per cent. of all patients were reported as occupied. Of these, only 3.03 per cent. were occupied in shops and 8.94 in industrial rooms, making a total of 11.97 per cent. of the patients in scientifically directed branches of occupation under specially trained teachers. Many of these patients work but a small part of the day.

The importance of occupational therapy is recognized, and a more

thorough, systematic organization of occupational and industrial work and educational instruction would benefit the patients and contribute valuable material to scientific research.

The Institutional Quarterly—State of Illinois, Sept., 1919.

The Educational Treatment of Defectives, by Alice M. Nash and S. D. Porteous. *The Training School Bulletin*, by Vineland, N.J. November, 1919. The purpose of this article is to put down Vineland's educational experience. Its plan is to take each subject in turn and to attempt to justify its position in the curriculum either of the special school or special class. A summary of the conclusions of their findings is:—

1. In a great many cases the special class fails because it is not fitting the defective for any occupation or because he does not follow in after life the occupation for which he has been trained.

2. Children vary just as much in their capacities for manual training as they do in scholastic abilities. In the great majority of instances special classes are not paying attention to this fact. Teaching a defective some scraps of woodwork or basketry is not helping very much to solve the question of his ultimate self-support.

3. There are indirect advantages of special class work with defectives, the main one being that the regular grades may do better when the feeble-minded are eliminated.

4. An important point is the right selection of children for training in the various departments. For scholastic training the Binet tests give the best basis of classification. For industrial abilities the Porteus tests give the best indications.

5. Some labour-saving rules that have been evolved from our experience are:—

- (1) Children two years or less mentally (average Binet-Porteus age) are excluded from kindergarten because they are found to make no permanent gain.

- (2) Children of seven years and less, Binet age, make no use of reading, whether for pleasure or profit. Children with I. Q.'s below 50 should not be given any instruction in ordinary school subjects at all.

- (3) As regards number work, defectives mentally less than nine years per Binet, unless displaying special aptitude, should be given only the most elementary work. Operations involving the use of pen and paper are utterly useless for such defectives. They either do not use or do not understand such operations.

6. Needlework is one of the most practical occupations for defectives because it suits the middle as well as the higher grades, the equipment is cheap, there is ample demand for workers, and, finally, it must eventually contribute, if not to self-support, at least to self-help. The best work is not always done by those grading highest per Binet.

7. Woodwork is one of the most attractive of occupations for defectives, but its value is seriously limited by the fact that the trades which it leads to are too highly skilled for the defective to achieve competency in them. A few with special aptitudes may find scope here, but, for the majority, it must remain hobby work.

8. Domestic training has great value because it has range enough for all kinds of defective ability and it presents to the higher grades a means of livelihood. Within an institution it is essential to have well-trained workers.

9. Basketry is one of the poorest means of training, because it is slow and unprofitable, and has no future as regards the child. It is much in favour because children's work may provide an attractive exhibit and it is, to certain children, a pleasurable occupation. The defective who can and does earn his living hereby is very rare.

10. School gardening on a practical scale is not possible in the city school systems where most of the special classes are. It is fine work for children, but suffers from the fact that farm labour to which it leads is very often drudgery from which the high-grade defective quickly escapes to take up easier and better-paid work as a factory hand.

The Speech Movement in America, by W. B. Swift, A.B., S.B., M.D. Boston. *The Lournal-Lancet*. August 15, 1919. The Speech Defect Movement is in some quarters unknown. It started in 1912 in the Speech Clinic in Boston. It soon enlarged and went to the Mass. General Hospital. There are over 250 students who have now taken the courses at these Clinics and Clinics founded elsewhere. The movement has also founded "Authoritative Instruction Centers". Seven cities have adopted the methods of Speech Correction. Our Society is behind the movement, The National Society for the Study and Correction of Speech Disorders. To this Society over 200 papers have been received and 50 have been published. One of the efforts is prevention of Speech Defects. The article mentioned above shows what sort of training should be behind the instruction in the subject. The movement is spreading widely all over the United States with great rapidity.

Speech Correction in the Feeble-minded as a Function of Public Schools and State Institutions, by Walter B. Swift, A.B., S.B., M.D., Boston. *Journal of Psycho-Asthenics*. Fall, 1919. The feeble-minded and ungraded cases should be given speech correction as a part of their regular training. The mentally backward are amendable to a great deal of speech improvement by speech drill. It is more than speech correction—it is mental adjustment or readjustment and also a developer of the mentality. Speech correction in this field really means mental development.

COUNTING THE COST

THE state of California is poorer by \$6,300 on account of the unrestricted sex activities of one defective and delinquent woman, according to the monthly bulletin of the California State Board of Health (July, 1919). The following report of this case was submitted by a social worker:—

At 15, girl eloped to San Francisco with man who promised to marry her. Placed her in house of prostitution, from which she escaped. Man then married her and both went to hop fields. There he wished her to earn living. She refused and returned to — with syphilis, remaining in county hospital two years. Then she eloped with second man, who went through mock ceremony in Arizona. One child born. Man became insane; placed in Patton; later freed and returned to his wife and children in the East. Woman then married third husband, 66 years old. Two children born. Man died March, 1918.

January, 1918, all children and woman examined by Dr. Williams, psychologist, Whittier. All children low-grade, feeble-minded; woman low-grade moron. In May, 1918, woman was urged to go to county hospital for hysterectomy, which finally was done. Woman fair mother; feared by community because part of her nose and cheek eaten away by disease.

Estimated cost to county

Two years in county hospital at \$2 per day	\$1,460.00
Funds provided by county	598.63
Amount needed for care of children until they are 16 years old	4,320.00
	\$6,378.63

The Social Hygiene Bulletin, December, 1919.

MANAGEMENT OF MENTAL CLINIC CASES NOT REQUIRING INSTITUTIONAL CARE*

By DR. CLARENCE O. CHENEY

Assistant Director, Psychiatric Institute; Chief of Clinic, Department of Psychiatry, Cornell Medical School Dispensary

THE clinic for mental cases maintained at the Cornell Medical College Dispensary is operated by the Department of Psychiatry, of which Dr. Kirby is the head, in conjunction with the Mental Hygiene Committee of the State Charities Aid Association, the latter organization furnishing the social service assistance. Clinics are held on Tuesday, Thursday and Saturday mornings and Thursday afternoons and evenings; each clinic is in charge of a different physician and a social service worker is always present.

During the past year exclusive of parole patients 201 new cases and 140 old cases made a total of 419 visits to the clinic. Analysis of the sources of a group of cases shows that the majority of patients are referred by organizations in New York City. Thus of 90 cases, 23 were referred by the various district committees of the Charity Organization Society, 19 were sent by various committees of the State Charities Aid Association, 9 by the Home Service Section of the Red Cross, several by the Y.W.C.A. and by the National Committee for Mental Hygiene, and 1 each by the Association for Improving the Condition of the Poor, the Society for the Prevention of Cruelty to Children, the Visiting Teachers Association and the Henry Street Settlement. Cases also reached the clinic through the suggestion of private physicians, the families of other patients, or other patients themselves, probation officers, librarians and friends who had been informed of the clinic, apparently by publicity. A small number of cases were referred from the Neurological Clinic and other Cornell Dispensary departments. It is interesting to know that only 8 cases out of 90 came to the clinic of their own volition, about half of these as a result of the publicity of popular talks on mental diseases and the distribution of leaflets indicating the clinic. The majority of these cases coming of their own accord were psychoneurotic.

The clinic material presents a wide variety of problems in diagnosis and management. Cases were brought by the various organizations in general for advice as to diagnosis and for recommendations in future management. These patients had aroused in the minds of the workers of the organizations the possibility of mental abnormality because of

*Reprinted from the *State Hospital Quarterly*, Nov. 1919.

various difficulties experienced in attempts at adjustment in the home or at work, or because of complaints that the patients had made regarding themselves. Thus children were referred because of incorrigibility in the home or school. In other cases the problem arose as to whether mothers were in a suitable mental condition to care for their children at home. Again the question as to why a patient could not keep a position was asked and a solution of this requested. The relief organizations were, of course, interested in knowing whether, if financial assistance were given, the patient was likely to become a permanent burden or needed only temporary relief. A number of cases were brought for a decision as to whether or not they needed institutional care.

In the attempt to solve these various problems it has, of course, been the aim to first obtain as many facts as possible, not only regarding the patients themselves, but also regarding the home and family conditions. It has been found to be of distinct advantage to have a written history record brought by the organization worker with the patient. The value of these records varies, of course, with the ability of the one who has taken the history, but it is believed that with the increasing interest in psychiatric social work more workers will become qualified to present very valuable histories to the clinic physician. If this history is not presented at the time of the clinic visit, the organization worker is interviewed before the patient is seen and an outline of the history and problem obtained. While the clinic physician is interviewing a case, his time for the acquiring of a working knowledge of other cases, who have appeared at the clinic without histories, is saved by having the clinic social worker interview these patients and obtain as full a history as is possible in a short time. The question of the advisability of having social workers obtain medical histories is, perhaps, a debatable one. It might be argued that patients would not want to tell their story to one other than a physician or that the repetition that might be necessary would be a source of irritation to them. Both arguments, we believe, are more or less valid, as it is our general experience that the entire history is not obtained by the social worker and we have seen cases who have shown irritation because of the repeated inquiries, but we believe that in general the histories obtained by social workers are of more benefit in the saving of time in the clinic and as a guide to the physician than of a disadvantage in the management of the patient. The question as to whether intelligence tests should be carried out by the physician or by a psychologist or social worker, is also perhaps a debatable one. We believe that where the social worker or psychologist is well experienced in intelligence testing, these tests may be carried out by her, but should not be accepted without deliberate evaluation by the physician along with his own knowledge of the case and we feel

that the recommendation should be determined, not by the mere intelligence quotient, but by a general sizing up of all the facts available.

We are expected to speak of the management of cases not requiring institutional care. One of the first things, however, that a mental clinic physician learns, or should learn, is that the expression of his opinion that a patient requires treatment in an institution will not necessarily result in such treatment. However we might wish it to be, it is a fact that there still remains with the public a feeling of apprehension and sometimes distrust of mental hospitals, and this has to be coped with. Whether or not this misconception is decreasing to any great extent we do not feel qualified to state definitely.

Another factor that militates against getting patients in hospitals is the difficulty, and sometimes impossibility, of convincing courts that an individual should be in an institution. Workers are sometimes met by rebuffs or refusals of summonses when this means seems to be the only available one to get institutional care. And we have in mind a paranoic who is still in the city as a potential trouble maker because a magistrate after reluctantly giving a summons, dismissed the case as he believed the threatened son's story was "fishy", notwithstanding the fact that he had before him the written opinion of the clinic physician that the man was of unsound mind and a menace. Personal discussion between the magistrate and the worker or physician is usually necessary.

A first hand knowledge of the overcrowding in the institutions, moreover, induces the clinic physician to weigh carefully all available information, not only regarding the patient, but also regarding the possible sources of family or other care before deciding as to institutional care. And if it appears that the patient can be kept self-supporting or even partially so, one is inclined to consider this as a strong argument for extra-institutional management, not only because of economy but also because of the benefit to the patient in a curative or alleviating direction. These factors bring about the condition that there are many mental cases in the community that require management and can be managed who are in certain respects as unwell mentally as many patients who are in institutions. Experience in a mental clinic leads to the belief in the truth of the statement that there are more mentally abnormal persons out of institutions than in them. There are many clinic patients, however, about whom institutional care is to be considered hardly if at all.

It may be said in passing, moreover, that experience in a mental clinic with the difficulties of commitment, and with the trouble and expense that patients may cause to families, organizations or outside individuals, makes a hospital physician more insistent upon presentation of actual facts as to conditions into which a patient will go before he consents to or recommends the parole or discharge of a patient.

A consideration of the various types of cases may be taken up according to diagnostic groups. Regarding the organic mental cases we may first mention paresis. As the records of cases paroled from hospitals show, paretics may be cared for in the community and be self-supporting. A case seen at the clinic demonstrates the possibility and a method of management. He was a college graduate of 64 whose first wife had divorced him. The second had died of paresis and the third wife was bed-ridden in the City Hospital because of tabes. He showed definite but mild physical signs of paresis, lack of concentration and a moderate memory defect. As his family had cut off his allowance he was attempting, rather unsuccessfully, to support himself by addressing envelopes. Brought by the Charity Organization Society to whom he had applied for aid, he was urged to submit to lumbar puncture and treatment which previously he had refused at the New York Hospital. He accepted this advice, received treatment for several months, meanwhile being given financial aid. A marked improvement was the result, best shown perhaps by the fact that he is not only able to support himself, but his wife who has left the hospital. One cannot, of course, expect to obtain always such satisfactory results. A case of cerebral syphilis that was sent to Harlem Hospital for treatment became worse and was committed after the social worker and physician impressed upon the wife the advisability of this procedure. Another form of management is exemplified in the case of a woman suffering from brain tumour and evidencing a marked paranoid trend. She had been carried along by the Charity Organization Society for a number of years, but when she refused to take the advice that she needed hospital and possibly surgical treatment, it was recommended that the Society relief be stopped. She is now being cared for at home by her friends.

The management of arteriosclerotic cases naturally varies with their condition. Where there is marked irritability, wandering about or other behaviour that causes disturbance in the entire family, commitment is strongly urged. But when the home conditions are good and the patient gives no trouble, advice as to regulation of hygiene and diet is to be given, with visits by the social worker or visiting nurse to supervise the regime. Some of these patients may be self-supporting, as is one old lady past sixty who has maintained herself in a hotel position in spite of her memory defect.

Epileptic patients have to have their lives regulated according to the character and frequency of their attacks. One man whose attacks had become severe only after enlisting, these continuing so after discharge, was advised to resume his former farm life in which he had had no attacks. Another case, formerly in an institution, is being kept practically self-supporting by the regulation of his life, including the performance of work he likes.

An idea of how cases of dementia præcox can be managed may best be gotten by a brief statement concerning individual cases. A young girl showing catatonic symptoms was cared for at home until her sister had to take up outside work, at which time commitment was necessary. Commitment was at first advised in the case of a man discharged from the army, but the family insisted upon his staying at home and this was agreed to, as it appeared they understood him and were in a position to care for him. A case with frequent visions, but calm behaviour, is maintained without difficulty in an apartment by her sister; the patient cares for herself but cannot be induced to take up any form of work. A woman with a child is supporting herself as a cook. She is very paranoid, becomes quite emotional at times, visits the clinic and gives vent to her feelings with apparent relief. She has thus far gotten into no trouble. A young girl seen several years ago and diagnosed dementia præcox was worked with intensively by a clinic social worker; the patient's interests were aroused and she is now a regular worker in one of the relief organizations.

Of the manic-depressive cases we believe it is only very exceptionally that a manic excitement can be well managed outside an institution. Because of the over-activity, difficulties, particularly those of sex, are apt to be encountered and supervision is very difficult if not impossible. It is conceivable, however, that in an intelligent family a patient's activities in a mild excitement might be directed in the way of music, basketwork or even typewriting, in a way that would not be objectionable. The depressed cases are more easily managed. A mild depression can be relieved of family care and worry by being sent to a convalescent home and often two or three weeks make a marked change—even relief from the care of children by placing them in homes of relatives is beneficial. Such patients will often not agree to institutional care for the children and in fact this should be avoided where possible. Results are obtained by discussion of the trouble with the patient, the exhibition of an understanding on the part of the physician and worker, frequent visits and encouragement by the latter, and explanation of the nature of the trouble to the family, so that they adopt a more helpful attitude.

Where the depressions are reactions to family difficulty, financial aid is given if necessary and as far as possible family difficulties are removed; the environment is changed by moving to new quarters; the alcoholic husband is dealt with, sometimes with the aid of a priest. One deserted woman with a child, longing for a quiet place in the country, was found a home with a broad-minded woman, and in helping with the housework and a small store was made to feel more independent and happy. A widowed woman, tired of doing housework and seeing nobody, was found work in an establishment making flowers at which

she is efficient and in which situation she came in contact with others. An Italian man was brought by a worker to the clinic with the report that he seemed indifferent or unable to do the work recently gotten for him. We had had him under our care previously in the hospital in a stuporous condition which had developed after undertaking work he did not like. We found at the clinic that he wanted to work as a fireman instead of in a stable where he was afraid of the horses. We advised that he do this; in a month he called to show how well he was, and was apparently recovered.

May we say a word for the psychoneurotics? We know that these cases tend to arouse a feeling of impatience and a feeling that they are hopeless with their introspection and complaints. We believe that they not only require but deserve patient consideration. No patients are more appreciative of benefit than the psychoneurotics. In the clinic a point is made of listening to them and of not hastily shutting them off with the remark that there is nothing wrong with them. Again and again we find sex conflicts, often engendered by the reading of quack literature. Advice is given as to sex hygiene and the handling of conflicts. Inquiry is made into details of their work and their play, if they have any play; often they do not. Assistance in getting agreeable productive work is given; it does not do to merely give advice about recreation; often the psychoneurotic must be led to it. The Y.M.C.A. or Y.M.H.A. and settlement clubs are available where the patient may be drawn away from himself and become interested in others. The psychoneurotic may come back to the clinic with the same story and for further encouragement, but he should be listened to with the same patience as before; if not he will go elsewhere, to his detriment, where he will not be understood and may fall into the hands of quacks, if he has not already had that experience. We may not expect to cure all or many of these patients, but the clinic has shown that they can be kept self-supporting and comparatively happy.

The constitutionally unstable individual often presents a difficult problem to the organization worker. Sometimes the difficulty lies in the irritability aroused in the applicant when her past affairs are inquired into and things become blocked. This has been seen not only in women but more recently in discharged soldiers who have applied to the Red Cross—the patient is then brought for a diagnosis of his or her mental condition and for advice in what often seems to be a hopeless situation. In the clinic the difficulties are unravelled, a more complete understanding is attempted, the patients' stories or difficulties are gradually brought out, and the whole situation carefully gone over with the worker and the patient, so that there is more co-operation as a result of the understanding. Recommendations are made for the future in line with

the patient's wishes, if these seem reasonable, or time is taken to get the patient to see that some other plan would be more advantageous; frequently a compromise has to be made. We believe that better results are obtained in the long run by consulting the patient's wishes than by forcing an unwilling patient to accept the plan of some worker who is constitutionally and socially not in a position to have the patient's viewpoint. We can hardly agree with the social worker who attempts to have committed as insane an Italian destitute mother with three children who becomes anxious and talkative in a rather excited way after waiting several weeks for financial aid. The approach by another worker with a more complete understanding of the case smoothes out the difficulty. We believe the young mother whose husband enlisted because, as he said, she did not look after him properly, will get along better boarding in a respectable family, working and putting her child in a day nursery, than if she tried to continue living with a nagging mother who had previously shown no evidence of understanding her children. We believe two young women sisters will be happier and seem less incorrigible if, while working, they live in a girls' guardian home instead of remaining with an irritable, alcoholic father, and cigarette-smoking stepmother who is so devoted to lessons in painting that she cannot give time to the girls. To one physician there seems nothing left outside of institutional care for an old lady past sixty who for years has lived on her friends, insisting that she was unable to work. If, however, she meets another physician who takes a more encouraging and at the same time a strongly advisory attitude towards her, and one finds that after this meeting she has undertaken successfully the duties of a nurse in the children's hospital, one is inclined to believe, as we do, that there are few cases of absolutely hopeless maladjustment.

And what of the feeble-minded? We do not believe, as we have heard stated, that a mother brings her child to the clinic simply to have an intelligence test made, or that she is satisfied with the figure of the intelligence quotient. We are of the opinion rather that the child is brought because it has been observed to act queerly or differently from other children and the mother wants to know why this is and what can be done about it. The problem does not end with the decision that the child is feeble-minded but begins there and the consequence of this decision is not necessarily an institution. A recommendation as to home care or institutional care depends upon the attitude of the mother, the nature of the difficulty with the child, whether or not there are other children in the house who are perhaps influenced by or neglected because of the defective one, and whether or not the parents seem intelligent enough to give as proper training to the child as might be gotten in an institution. Detailed instructions to the mother and visits from the

social worker offer encouragement and benefit to the mother with her problem. With the older defective children there are the possibilities of the ungraded classes, the trades school or the placing-out-farms of the private or organization type, the latter variety being maintained by the Big Brothers. With the defective adults, what we believe has been beneficial advice has been given to the various organizations, including the Red Cross, in regard to the discharged soldiers, as to the limits and possibilities of occupation.

In a review of the records of the clinic cases it becomes obvious that in order to know more about our cases and be able to judge from results whether our recommendations have been sound, it is necessary to have a follow-up system of inquiry. A rather large number of cases brought for advice by various organizations or individuals are seen only once at the clinic and in many of these cases it does not seem necessary that the clinic social worker keep in close contact with them. We believe it quite necessary, however, if the most benefit is to accrue to the patient and to the clinic, that an inquiry be made as to results obtained at a definite stated interval, either by letter or by personal visits of the clinic social worker. By this means attention would be called to the necessity of further advice or recommendations with cases who had evidently not shown the expected benefit after the first visit, but who were considered by the organization worker to be doing as well as could be expected. In such cases further visits at the clinic might show that the difficulty was due to some misunderstanding or that some detail had been missed that seemed unimportant. Where there is any reason to believe that the clinic social worker can be of service to the patient, either directly or indirectly, by assisting the organization worker, co-operation should be maintained, but care should be taken to avoid overlapping or duplication of activity. Although we feel that the clinic has been of distinct use, we believe that its usefulness would be amplified by the maintenance of a close relation between the clinic and the organization as long as any one thought this relation might be of assistance. It is urged that when a patient has once been seen and a recommendation been made to him to or an interested organization, the interest of the clinic in that patient has not ceased but rather has begun.

NOTES AND NEWS

NEW YORK STATE

New York Programme for New Buildings for the Insane and Feeble-minded—Contracts totalling \$3,302.750 for new construction at State institutions for the insane and feeble-minded are being let by the State of New York. Several contracts were awarded during June and several others are now being advertised. These buildings are sorely needed to relieve overcrowding in the institutions.

S.C.A.A. News, August, 1919.

Need State-Wide System of Mental Health Clinics—Among the proposals made by the State Commission for Mental Defectives in its report submitted to the Governor and the 1919 Legislature was one for a series of State-wide joint clinics for the out-patient diagnosis and treatment of mental diseases and defects.

In accordance with this proposal plans are now being made for the establishment and operation of such clinics in various parts of the State. Dr. Pearce Bailey, Chairman, and Dr. William C. Sandy, Psychiatrist of the Commission, are actively interested in the project. It is hoped that one or more of the joint clinics will be started within a month.

Clinics of this sort have been made use of by the State Hospital Commission for a number of years and there are now about thirty such clinics in connection with the State hospitals. It is obvious, however, that other State departments and agencies need the services of such clinics, and the conclusion is practically unanimous after conference among the State departments concerned, that they can effectively co-operate in providing such clinics jointly in various communities throughout the State. These would afford facilities for expert diagnosis, for advice as to treatment, and, in many instances, for treatment itself. Such a system of clinics would co-ordinate well with the proposed "health centres" which the State Department of Health is to establish throughout the State.

S.C.A.A. News, August, 1919.

Attorney-General Warns Officials Against Putting the Insane in Jails.—

Sheriffs and police officials throughout the State have been notified by the State Commission of Prisons that Attorney-General Newton, in a recent opinion, holds that the detention of an insane or alleged insane person in a county jail or lockup constitutes a violation of Section 87 of the Insanity Law. The intended place of confinement under the statute is one where the insane person shall be "cared for in a place suitable for the comfortable, safe and humane confinement of such person" pending a determination as to his sanity, and it is the duty of the health officer to select some suitable person to act as attendant.

The State Hospital Commission has frequently called attention of local authorities to violations of the law in locking mentally sick people in jail. No one would think of treating a pneumonia patient or other physically ill person in such a manner! Every community should provide a suitable place—preferably in a hospital—for the temporary care and treatment of the mentally sick.

S.C.A.A. News, September, 1919.

Letchworth Village, New York State.—In his address at the dedication of the new building, the Governor said that there are at least 33,000 defectives in the State and only about 5,000 are properly provided for. Both the Governor and Frank A. Vanderlip, President of the Board of Managers of Letchworth Village, urged the speedy completion of this model institution which will eventually house 5,000 patients and be the largest of its kind in America.

"The care of the feeble-minded is of immense importance", said the Governor. He declared that the programme now being developed by the State Commission for Mental Defectives "will have an important bearing on the future well-being of the entire population of the State".

S.C.A.A. News, July, 1919.

Push Plans for Housing Insane and Defectives.—The Hospital Development Commission of the State of New York is making steady and substantial progress toward increasing the State's accommodations for the insane and feeble-minded. Dr. Pearce Bailey, Chairman of the State Commission for Mental Defectives, called attention to the very serious and immediate need of additional accommodations for mental defectives. He said that the examination of men for military service had strikingly confirmed previous estimates of the prevalence of mental defect in the community and that there are undoubtedly between 40,000 and 50,000 mental defectives in New York State, of whom only about 6,000 are in institutions. He discussed the extension of colony care for the feeble-minded and also suggested the State's leasing or buying available buildings in various communities for the temporary housing of feeble-minded while the State proceeds with its programme to enlarge existing institutions on a permanent basis.

S.C.A.A. News, July, 1919.

United States Senator William N. Calder has placed in the Federal Appropriation Bill an item of \$350,000 to cover the expense of deporting about 1,000 alien insane patients now in the New York State Hospitals whose deportation was impossible during the war.

MICHIGAN MAKES MENTAL TESTS OF SEX OFFENDERS

Mental statistics for the first 900 cases examined by the Social Service Department of the Venereal Disease Division, Michigan Department of Health, illustrate graphically the important percentage of sex offenders who are mentally subnormal.

These examinations resulted as follows:

First cases examined.....	900
Feebleminded needing institutional care.....	214
Feebleminded (release recommended under supervision).....	538
Insane or epileptic (institutional care).....	27
Normal.....	94
Superior adult.....	2
Diagnosis incomplete.....	25
	900
23.8%.....	Testing ten years or less
59.8%.....	Needing careful supervision
3.0%.....	Insane and epileptic
.22%.....	Superior
10.4%.....	Normal
2.78%.....	Incomplete diagnosis

The Social Hygiene Bulletin, October, 1919.

DR. E. E. SOUTHARD

DR. ELMER ERNEST SOUTHARD of Cambridge, Mass., Asst. Prof. of Psychology at Harvard University and Bullard Prof. of Neurology at Harvard Medical School, one of the most eminent of the American Psychiatrists, died suddenly of pneumonia in New York on February 8th. Dr. Southard was a Director of the Boston Psychopathic Hospital and occupied a unique position in psychiatric affairs on this continent, as he was full of initiative, an original thinker and of a philosophic turn of mind. He was at all times outspoken and it went without saying that wherever Southard appeared those with whom he came in contact required all of their mental alertness to keep pace with him. A man of the broadest culture, a delightful companion, with a keen sense of humour, and a versatility that enabled him to take a prominent part in a discussion on many subjects, he almost invariably became the central figure in any meeting at which he was present. His point of view was always fresh and full of interest. He took the deepest interest in the National Mental Hygiene Movement, and was especially interested in the affairs of the Canadian Committee for Mental Hygiene. In Canada he was greatly beloved because he

made it so evident that he was willing to assist in anything likely to advance psychiatry in our country. His death at such an early age must be looked upon as a calamity, when as never before, psychiatry requires the aid of men who can rise superior to the frills and fads which have hampered this branch of medicine of late years.

SIR WILLIAM OSLER, BART., M.D., F.R.S., ETC.

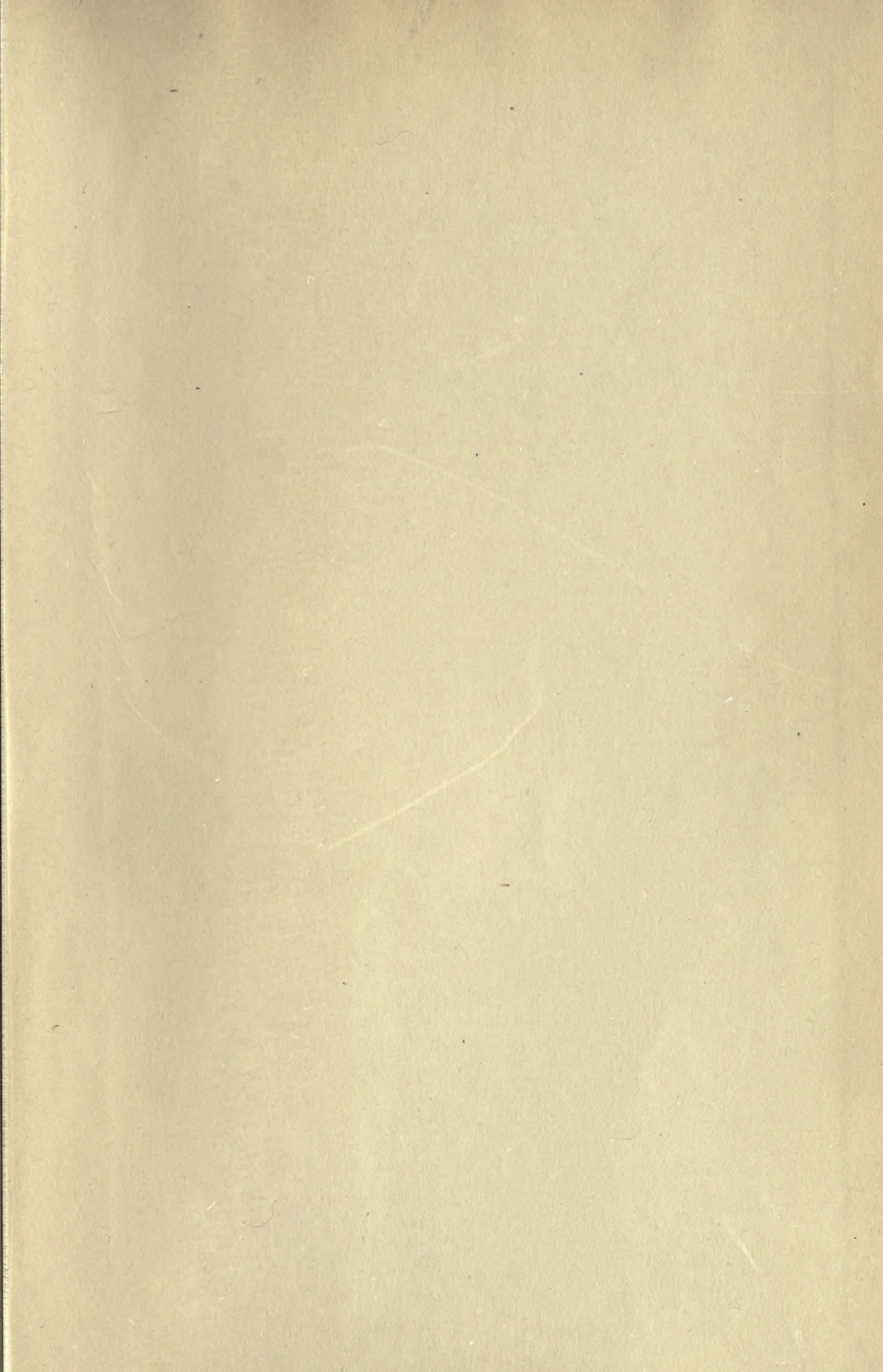
CANADA and the world, especially the medical profession, lost, on December 30th, 1919, in the death of Sir William Osler, one of its most prominent men.

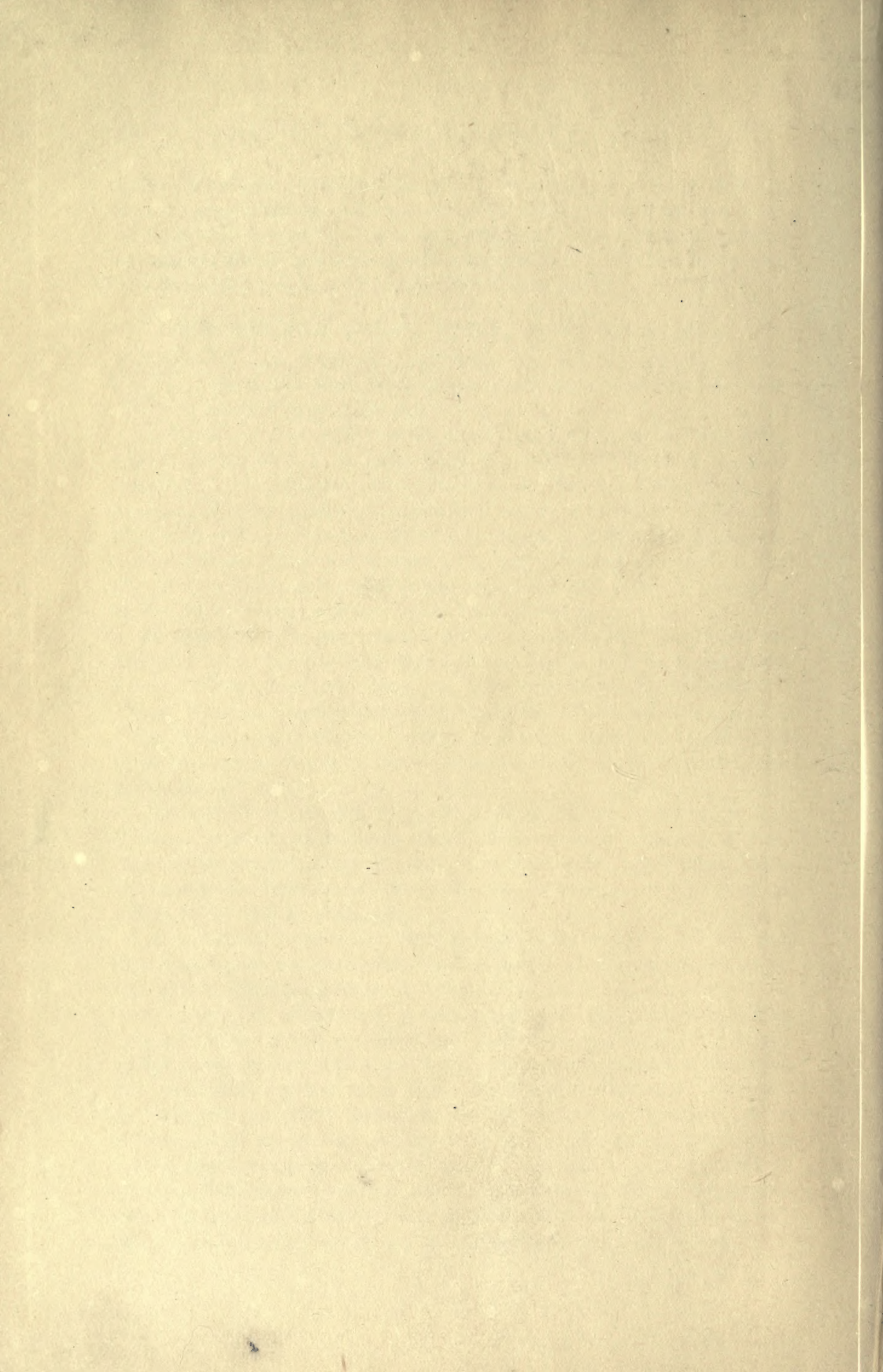
Sir William Osler was born at Bond Head, Ontario, in 1849. His father was the Rev. F. S. Osler, M.A. (Cantab.), a Church of England clergyman. Sir William was educated at Trinity College School, Toronto; Trinity College; Toronto University; and McGill University, Montreal, where he graduated from Medicine in 1872. He then went abroad for two years and studied in London, Vienna and Berlin. On his return to Montreal in 1874 he was appointed to the Chair of Medicine at McGill University and held this Chair for ten years.

In 1885 Dr. Osler was called to Philadelphia to the Chair of Clinical Medicine at the University of Pennsylvania and in 1889 he accepted the Chair of Medicine at Johns Hopkins University, where he remained until 1904. While at Johns Hopkins he wrote his celebrated text-book on "The Practice of Medicine", which achieved immediate success and up to the present day is the most valuable single text-book in medicine ever written.

In 1904 Dr. Osler was called to Oxford University where he was Professor in Medicine until his death. He was made a baronet in 1911 and besides received many honours from home and foreign lands, being the honorary member of many foreign societies. He was also an F.R.S. and F.R.C.P. of London.

As a clinical teacher Dr. Osler was probably at his best. For not only was he an accurate diagnostician and a clear expositor, but he treated his hospital patients most kindly as human beings and not as mere cases. His influence on medicine has been unique for it has been exercised both on this continent and in Europe so that his death will be felt seriously over the whole world. He was an author on subjects not exclusively medical as is shown in his works entitled "Counsels and Ideals" and "The Alabama Student and Other Essays". As a writer he had an excellent style, terse and to the point, every word telling, short sentences and no obscurity. He said what he wanted to say and then stopped—a rare quality in a writer. Mental hygiene as well as general medicine has lost a great friend as Sir William Osler had taken a keen interest in the mental hygiene movement in Canada.





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